JCPS Spring 2015 Issue

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Editorial Note

We are excited to bring you the Spring 2015 issue of the Journal of Counselor Preparation and Supervision. This issue focuses on training counselors and counselor education. Mariksa uses Charmaz’ Grounded theory to explore students’ experiences using their own life information during pre-practicum role-plays. Jensen, McAuliffe and Seay investigate the relationship between pre-service counselors’ cognitive developmental levels and their competency skill levels. Merryman, Martin and Martin research the relationship between student psychological well-being and perceived wellness. Hannon and Hunt describe how to integrate grief counseling content into counselor education programs with specific examples. Lastly, Swank and McCarthy study the effectiveness of the Counselor Feedback Training Model as it relates to counseling students’ beliefs and self-efficacy around the feedback process during training.

As editor, I thank all of the dedicated reviewers who worked quickly and diligently to produce high quality manuscript for JCPA. I also recognize my Associate Editor Jane Webber, Editorial Assistant Ellery Parker, and Graduate Assistant Lauren Spinella who spent many hours working with reviewers and authors. Additionally, I thank the NARACES Board for their continued support.

Edina Renfro-Michel, Editor

Jane Webber, Associate Editor
The Client Role in a Pre-Practicum Counseling Skills Course

Michael Mariska

This study explored the experience and process of counselors in training enacting the client role and sharing “real life” experiences during role-playing exercises in a pre-practicum skills course. Using Charmaz’ Grounded Theory, main themes and processes were identified and explored. Through multiple individual interviews and a final focus group, the participants described how the experience facilitated their development of empathy for the client experience. The findings suggest a possible link between the development of empathy for the client experience and sharing “real life” experiences while enacting the client role, and encourage further study into this type of learning experience.

Keywords: Pre-Practicum, Client Role, Basic Skills, Empathy Development, Role-Play
A significant part of the learning experience in any counselor training program is the basic skills class that occurs before the practicum course. This class fulfills a Council for Accreditation of Counseling and Related Educational Programs (CACREP) requirement regarding study in Helping Relationships (CACREP, 2009) in which counselors-in-training (CITs) learn and practice basic counseling skills. According to Woodard and Yii-Nii (1999), pre-practicum is “necessary for counselor training because it bridges the gap between course work and practicum-internship” (p. 142). A pre-practicum skills course provides CITs with experiences that allow them to experiment with and adjust to their new roles as counselors (Woodard & Yii-Nii, 1999).

Experiential activities during the pre-practicum course, often taking the form of role-playing, are viewed as essential to effective counselor training and are related to the development of self-efficacy and comfort in the counselor role (Levitov, Fall, & Jennings, 1999). The role-playing experiential activity allows the CIT to practice basic skills in a non-clinical setting. There is some variation in the structure of role-playing activities in regard to the non-clinical client population with which CITs practice, but often this population is made up of the CITs themselves (Levitov et al., 1999). This type of structure typically follows the Interpersonal Process Recall (IPR) role-play method (Kagan, Schauble, Resnikoff, Danish, & Krathwohl, 1969), wherein one CIT enacts the counselor role and another enacts the client role while additional CITs or the instructor observe the counseling interaction.

CITs enacting the client role are sometimes encouraged to share personal problems or “real life” experiences during the role-play experience, as it can be difficult to effectively enact a “made-up” client (Weiss, 1986). Although the efficacy of this self-disclosure in creating a valuable learning experience for the CIT in the role of the counselor has been explored (Kasdorf &
Gustafson, 1978), there has been no research on the experiences of CITs in the client role beyond noting their discomfort regarding the sharing of personal information and noting the ethical dilemmas that can arise with this self-disclosure (Levitov et al., 1999; Rabinowitz, 1997; Weis, 1986). It is not known whether this experience is incidental to counselor education, or if it has a developmental impact on the counselor in training who is enacting the client role.

The basic framework for pre-practicum role-playing has remained largely unchanged since the initial development of pre-practicum coursework detailed by Miller (1968). Modern innovations have focused on enhancing the role-playing experience through the use of client actors (Levitov et al., 1999) and the addition of screenwriting techniques (Shepard, 2002). Researchers have also focused on replacing the role-play experience with videotape (Larson et al., 1999) and large group role-plays with the professor playing a consistent client role (Rabinowitz, 1997). Larson et al. (1999), in particular, studied the relationship between role-play experiences and counselor self-efficacy; however they focused only on gains in the self-efficacy of the student enacting the counselor role. A review of the studies above reflects a tendency for counselor educators to focus only on the counselor role in role-playing experiences.

The experience and process of enacting the client role in pre-practicum may impact several factors related to the early stages of counselor development. Areas of particular interest include early experiences in the development of CITs and the development of empathy and cognitive skills. Furr and Carrol (2003) and Howard, Inman, and Altman (2006) discussed the concept of “critical incidents” in counselor development, which are specific instances where key concepts and roles in counseling become clear and understandable by CITs. These incidents, both positive and negative, can strongly influence CIT confidence level, skill development, and both interpersonal and intrapersonal growth including the development of empathy.
An exploration of themes in counselor development by Skovholt and Ronnestad (1992) found that interpersonal experiences had a greater impact on development and building understanding of the counseling role. Experiential activities in particular were described as having a greater emotional impact overall by CITs. Activities that led to an overall better understanding of the counseling process, including an acceptance of ambiguity, were also highlighted (Howard et al., 2006). Empathy development has also been reviewed in relation to its change from the first year of instruction to the second year (Lyons & Hazler, 2002), its connection to moral development (Bowman & Reeves, 1987), and its relationship with multicultural competence (Richardson & Molinaro, 1996). However, there have been no studies to date on the development of empathy as it relates to role-play or other experiences of being a counseling “client.”

There is a limited amount of research on pre-practicum (Levitov et al., 1999; Woodside, Oberman, Cole, & Carruth, 2007) and less on the experience of CITs enacting the client role in role-playing exercises. There is no research at all on what impact the sharing of “real life” experiences while enacting the client role has on the learning experience for CITs. Because experiential and interpersonal activities during counselor education programs impact counselor development in a number of areas (Furr & Carol, 2003; Howard et al., 2006; Skovholt & Ronnestad, 1992), role-playing experiences during pre-practicum should share their focus. With this focus, and further research into this area of counselor education, “best practices” can be developed for basic skills coursework. This study sought to address this research gap through an exploration of the experience and process of the CIT enacting the client role and sharing “real life” experiences in pre-practicum role-play. To this end, this study looked to answer the following questions: What is the experience and process of the participants enacting the client role and sharing real life experiences during role-playing exercises while learning pre-practicum
counseling skills? What impact does this experience and process have on their development as counselors in training?

Methodology

Charmaz’ Grounded Theory

This study addressed the research questions via a qualitative grounded theory design that followed the work of Charmaz (2006), a constructivist view that embraces the development of the theory as an overall construction built from the relationship between the researcher and the data. As this research was primarily aimed at learning about the process of enacting the client role in a pre-practicum class, it was important to use a method that allows the richness of the individual experience to be expressed. This approach emphasizes the subjectivity of the relationship between the researcher and the participants, along with the co-construction of knowledge. Charmaz (2002) argued that constructivism in grounded theory research is not only desirable, it is necessary because “Data [does] not provide a window on reality. Rather, the ‘discovered’ reality arises from the interactive process and its temporal, cultural, and structural contexts” (p. 523-524). Because the pre-practicum course studied was one where CIT work together in groups, it was believed the views of the participants towards the client experience would be socially constructed. To this end, this study had a particular focus on using a social constructivist paradigm. Social constructivism is a viewpoint that values the individual views of the participants in the research, which are often socially and historically negotiated (Creswell, 2007).

Pre-Practicum Course

The structure of the pre-practicum course utilized for this study followed a format where CITs learned and practiced basic skills in work groups of four to five, lead by doctoral students and utilizing the IPR model. Apart from three to four days of in-class lecture on the skills, the bulk of
the course consisted of role-playing experiences within these small groups. The membership of each group stayed consistent over the course of the semester.

CITs enacting the client role were encouraged to share real life experiences, but were not required to do so. Those who chose to do so were asked to share experiences and problems that were both current and not more appropriate for professional counseling. Mild anxiety related to being in a new program, for example, was viewed as appropriate, whereas an exploration of childhood sexual abuse was not. Those CITs who chose not to share their personal experiences typically played a client character, which was either created by the counselors in training themselves or borrowed from a case history, acquaintance, or popular media.

**Participant Selection**

Four participants were sought from the first-year cohort of the masters program in counseling at a large northwestern university. The Institutional Review Board of the university approved the research, and all applicable ACA and ACES ethical codes for research were followed. The class was given a short presentation about the research study on the first day of the course. Participants were informed that their participation was completely voluntary and failure to participate would not impact their course grade in any way. They were also informed that the researcher was neither involved with this pre-practicum class as a supervisor nor as an instructor, and had no direct input on their course grading.

A sign-up paper was distributed to each member of the class on which they wrote their name and contact information if they were interested in the study. The 18 students who volunteered were contacted for a short interview before the final selection was made. During this interview, the informed consent form was reviewed with the volunteer, focusing on confidentiality, their time commitment, and the interview process for the study. Volunteers were then asked
questions to gauge their overall interest and their willingness to provide the richness of data that was sought for this study. All of the volunteers stated that they planned on sharing their real life experiences while in the client role rather than creating a fictional client to role-play.

Purposeful sampling was used to choose four participants from the pool of 18 volunteers. Historically, this sampling type has been the most commonly used in research that is more “field-oriented” and not concerned with statistical generalizability (Guest, Bunce, & Johnson, 2006). The overall goal in regard to sampling was to generate a varied group of participants in order to best explore the richness and variations of the experience and process, as well as its relationship with counselor development. To meet this goal, the demographic factors for each potential participant were reviewed, and participants were sought from different work groups within the pre-practicum course. An effort was made to choose participants who represented a variety of demographic factors, including gender, age, and racial/cultural identity.

Two of the participants were male and two were female. Their ages ranged from the mid 20s to mid 50s. There was a lack of racial diversity in the pool of volunteers, and thus all four identified as Caucasian. Each participant was given a letter from A to D, and asked to choose a name beginning with that letter that would then act as their pseudonym. The names chosen by the two female participants were Abby and Carolyn, and the two males were Bo and Devin.

**Saturation**

The concept of saturation was carefully considered when conducting this study, given the small number of participants. The goal with this study was to reach saturation through meeting what Lincoln and Guba (1985) define as a “prolonged engagement”, involving a significant number of interviews over the course of the entire semester. Creswell (2007) noted that saturation is reached when the researcher comes to a point where new information that adds to the
understanding of a category can no longer be found. By the third round of interviews, it became clear to the participants and the researcher that no new themes were evident in their experience. The focus group confirmed this, as the conversation focused solely on exploring and clarifying existing information despite multiple opportunities to share new themes or experiences.

In addition to the above, an article by Guest et al. (2006) was reviewed that explored the concept of saturation in regard to finding themes within qualitative interviews. Within their data set, the study showed through a statistical analysis that little was missed in the initial interviews, with 97% of the common categories developed within 12 interviews regardless of the number of interviewees. It was anticipated that saturation of themes related to the experience and process of the client role in a pre-practicum role-playing experience would be reached as the final number of interviews greatly exceeded the number described by Guest et al. (2006). Aside from the 12 informational interviews, 8 interpretive dialogues and 1 focus group were completed for a grand total of 21 interviews.

**Interviews**

Four CITs were interviewed over the course of one semester in a pre-practicum counseling skills course. Intensive interviewing (Charmaz, 2006) was utilized, which allowed for a rich and in-depth exploration of their experience and process. Intensive interviews begin with open-ended questions to elicit narratives regarding the experience, which are then explored through follow-up questions inviting further reflection. This differs from friendly conversation in that its focus is on in-depth exploration. Intensive interviewing goes beneath the surface level of the initial narrative into the thoughts, feelings, and actions of the participant (Charmaz, 2006).

Each intensive interview was followed by an interpretive dialogue interview (Coe Smith, 2006), with the exception of the final intensive interview, which was followed by a focus group.
The first intensive interview occurred approximately three weeks after the beginning of the semester. At this time, each participant had the opportunity to enact the client role in a role-play experience at least once. After a short reiteration of the confidentiality procedures, the interview itself began with the following question: What has it been like for you to role-play the client in this class?

Follow-up questions were based on the specific responses given by each participant. This same basic question was given during each round of interviews. Charmaz (2006) cautioned that interview questions must be, “sufficiently general to cover a wide range of experiences” (p. 29). She also stated that an interviewer’s questions “shape the context, frame, and content of the study” (p. 32). The choice to use the same question to begin each interview responded to these assertions by providing a very general starting point for the participants to structure the content of the interview based on their individual experiences.

After each intensive interview, the responses were coded for themes and analysis of experiential categories began. The second interview took place at approximately mid-semester, and the third close to the semester’s end. During the latter two intensive interviews, the focus was first on briefly reviewing the coding and analysis done to date with the participants. Participants were then asked about new experiences since the previous interview, discussed how they may relate to the previous analysis, and identified and explored new themes as they emerged.

Following each intensive interview and after initial coding and analysis, each participant was contacted for an interpretive dialogue interview (Coe Smith, 2006). This type of interview aims to include the participants of the study in the analysis of their own experience, and allows the construction of “multi-voiced interpretations, thereby increasing the representativeness and credibility of the interpretive analysis research” (Coe Smith, 2006, p. 48). These interviews were
done individually with each participant, and were structured in a way that allowed them the opportunity to review and validate the codes constructed thus far. They also reviewed the analysis constructed using their previous interviews and were given the opportunity to make changes, or offer further exploration when they did not have a desired level of “fit” with their experience.

In order to address the social constructivist paradigm used for this study, the final interpretive dialogue interview was replaced with a focus group. The focus group consisted of all of the participants and the researcher. The process was similar to the interpretive dialogues, but allowed for the examination of the developed theory by the group as a whole and accounted for the social construction of many of the themes. Due to the inability to provide complete confidentiality for the focus group, participants were encouraged to discuss only what personal experiences they felt comfortable sharing with the rest of the group.

After each interview, the tapes were transcribed and the transcriptions reviewed using open coding. The thematic concepts described by the participants were organized into codes so that their overall relationship with each other, both categorically and in regard to their temporal and causal nature, could be explored. Through coding, the goal was to not only to capture the symbolic nature of the experiences for each participant, but to do so in a way that was both specific and accounted for the individuality of each experience. The initial codes were constructed during the first round of interviews; and added to, refined, and re-categorized as needed through all the following interviews. In addition, codes were shared and co-analyzed with the participants during the interpretative dialogue interviews.

**Credibility**

In grounded theory methodology there is a focus on the credibility of that theory such that it accurately and fully describes the process of interest (Charmaz, 2006; Corbin & Strauss, 2008).
This study focused specifically on addressing credibility through generating rich data, ensuring confidentiality, accurate representation of interviews through recording and transcription, and the incorporation of participants’ input into the developing theory via interpretive dialogues and the focus group. The generation of rich data was achieved through an interview style that went beyond surface level conversation and worked to explore all facets of the pre-practicum experience in regards to the client role. Affective components were explored, as well as beliefs, reactions, reflections, cultural values, questions, and opinions. Each interview continued until both the participant and the researcher agreed that there was nothing left in their current experience to explore. Beyond the interviews themselves, gathering rich data also involved the interpretive dialogues and the final focus group.

**Grounded Theory**

The experience and process of enacting the client role and sharing real life experiences in a pre-practicum course for the four participants in this study was comprised of five major themes called: ambiguity, being evaluated, learning skills from the other side, being the client, and “getting the hang of this.” The themes themselves, and the participants’ relationship with them, changed over the course of the semester through the influence of two key learning processes. Two trends were also identified that serve to illustrate how participants’ attitudes and understanding changed over the course of the semester. The development of trust and empathy during this process was enhanced by the familiarity and rapport generated between the members of the small group environments in the course. This experience had a positive impact for the participants in relation to their development of empathy for the client experience that led to an overall better understanding of the counseling process as a whole. The following sections will review each of the
five major themes, the components of the process that impacted those themes during the course, and the impact of the small group environment.

**Ambiguity**

Anxiety and confusion characterized the initial experiences of enacting the client role in this pre-practicum course. The theme ambiguity encompassed many of these experiences, and was most prominent in the beginning of the pre-practicum experience. Participants described their confusion in just what they were supposed to do while in the client role, and shared that while they were given plenty of instruction on how to be a counselor, they were given little to no instruction on how to be a client.

Devin – “The client role is similar to the program (in that) it’s very ambiguous, but as you just do it, and try it, you learn that way. And then your guidance is kind of like, go into that dark room and feel around and if you get close to the porcupine I’ll tell you.”

Experiences related to it were described less frequently in the middle of the experience and rarely near the end. Participants explained the diminishing presence of this theme as being related to the continued lack of information on how they were expected to enact the client role. Over time the participants came to the conclusion that the client role doesn’t matter in regard to their grade in the course. Some participants began to view their experiences in the client role as another part of the learning process in the course.

Abby – “I don’t know if they meant to or if it’s just me, but I feel like this is preparing us to be counselors because we’re putting on different hats. I’m putting on the client cap and now I go back and be the observer and the next time I’m the counselor. And so there’s definitely a switch of what I’m supposed to do. And it’s almost like a well-oiled machine now. Like, we just do it, we’re next, we talk about it and move on.”
Being Evaluated

Experiences related to being observed and the participants’ perceptions of judgment were detailed in the next main theme being evaluated. Enacting the client role in the pre-practicum course is something that is done publicly, in that the role-playing dyad is observed by other CITs in the class through a two-way mirror. In addition to the observers, each practice room is equipped with recording equipment that allows for the professor teaching the course to observe dyads while they are practicing. Participants described a sense of “always being watched” and reported that while sharing real life experiences they felt their level of competency and fit within the program was constantly being judged, particularly in the beginning of their experience in the course.

Abby – “There’s this pervading anxiety that, you know, there’s a judgment of ‘not worthy to be here.’ You feel that mostly in the counselor role, but it seems that you’re feeling it in the client role too, just in a different way.”

Participants’ experience with being evaluated was closely related to the psychological concept called imposter syndrome (Clance & Imes, 1978), where individuals will often attribute their success to deceiving others rather than to their own abilities or competency. For these reasons, the possibility of being watched and evaluated when they were in any role was anxiety provoking. Experiences related to this theme also included instances where participants in the client role were aware of their fellow CITs watching the role-play session from behind the two-way mirror.

Abby – “It’s the whole being judged unsuitable piece. It’s not just, you know, having issues or something, but also it’s almost like you have to appear strong. That you can do this and ... you picked me for a reason and I can do it.”

Learning Skills From the Other Side
Participants in this study often described learning experiences related to the role of the client, which is not given the same focus as the role of the counselor in the course. The participants described how these experiences had a strong connection to learning counseling skills and the development of their empathy for clients. Two main themes categorized these experiences into those that directly related to skill development (learning skills from the other side) and those that related more to developing empathy with the client experience (being the client).

The theme learning skills from the other side contained experiences related primarily to understanding the value of counseling skills, as opposed to the learning related to their proper use that was done in the counselor role. Participants described having a very analytical view of the skills initially and found that they were able to connect with the skills both conceptually and emotionally through being on the receiving end. The sharing of real life experiences made being on the receiving end “more personal” and aided in the understanding of how powerful the skills could be.

Bo – “...I think that’s just the power of those feeling reflections. I’m really starting to see how that works, when I’m a client and they did nail those feeling reflections. It’s like, yeah, I do (feel that way). I’m going to start talking about that a little more.”

Devin – “I could go with this (unpleasant) feeling, but he’s giving me an exit, so I’m going to take it. It reminded me, too, of the power that the counselor has. Because if they would have jumped back to (the feeling) sad, it would have kept me there.”

The concept of rapport was also significant in the overall experience of the client role and was impactful both in regard to the CITs feelings of safety and trust, as well as the learning experience related to rapport as a concept.
Carolyn – “There are other times, if the counselor (and I have) a really good connection, being observed goes away and I totally become the client.”

**Being the Client**

Being the client included the very personal experience of enacting the client role that directly contributed to participants’ empathy with the client experience as a whole. One experience that was present throughout the experience was that of gaining new personal awareness as a result of exploring real life problems while enacting the client role. Participants discussed the personal growth they had made, including becoming more comfortable with their own emotions and recognizing negative patterns. These experiences were described by participants as being particularly valuable learning moments, and helpful in understanding the purpose and power of the counseling process. Participants also described how their own learning experience as a client helped them gain deeper insight into the process of counseling itself.

Devin – “I think one of the big things I’ve recently been noticing as the client is that, you know, some days you feel like you made some good progress. You’re like, oh, I learned something real good about myself. You know, this will help. And then other days you come in and you feel like you made no progress because maybe that’s a more stressful day or whatever it might be. And you realize that, you know, as the counselor you might have someone who kind of feels like, man, things are going really good. And then the next time they come in, they moved back, somewhat back to square one sometimes because you’re hitting him with whatever it is that, you know, stressed [them] out. So it’s a good reminder that things shift and things change...”
Getting the Hang of This

The analysis of the final theme, getting the hang of this, changed in meaning over the course of the semester. Initially, the theme was conceptualized as participants’ descriptions of feeling like they were starting to understand the experience, including all of the roles they played throughout the course.

Bo – “It’s like a kid going to the swimming pool for the first time. They have a little idea of what the swimming pool is, and they’re in the car... and they see it and they’re kind of like, whoa, that’s pretty big. Then they dive in and they look, you know, ridiculous trying to swim. But then they get the hang of it and it becomes more fun and natural and the next thing you know they’re diving in head first having a ball. I’m probably the awkward kid flailing in the water right now. Not badly... I’m just trying to keep my head up and we’ll all get the motions right eventually. I feel like I’m at where I should be.”

Near the mid-point of the semester and the second round of interviews the bulk of the experiences placed within getting the hang of this related to participants’ thoughts regarding how their experiences related to the profession of counseling and their role as a counselor. During the last set of interviews, as well as the focus group, the understanding of this theme changed again as it became clear to the researcher and participants that the experiences within this main theme included the learning process by which the participants were using their experiences within the client role to better understand counseling.

Process

Two learning processes related to enacting the client role were identified by the participants and occurred throughout their experience. The first involved their sense of personal growth connected to sharing their real life problems and stories within a counseling experience, and having
the opportunity to examine their patterns and emotional experience. Participants spoke of having a
new appreciation for the value of counseling and the power of the basic skills they were being
taught, as they could now see that they worked through their experience of being on the receiving
end of them.

Devin – “I think I’ve kind of run the full gamut, you know, finally came to where I really
appreciate the client role, whereas before it was annoying for a while. It still is somewhat,
but… It’s not always pleasant, but I think it’s a good experience.”

They also spoke of becoming more interested in seeking personal counseling to explore problems
that they were not comfortable sharing in the role-play experiences.

The second learning process was the development of empathy for the client experience and
involved participants’ experiences with developing rapport, trust, frustration, safety, personal
growth, and power. Participants described having a better sense of what their clients will be
experiencing and how this knowledge will help them better attend to their clients’ needs for
support and challenge.

Carolyn – “I have to feel safe. I think that’s because in any counselor-client relationship,
you have to have that safety. And so I think that even in pre-practicum you have to have
that. And because I’ve experienced it not being there, I’ve recognized it. And (now) I’m
more aware of how important it is. Because I know what it’s like to feel unsafe and it
really stifles my voice.”

A critical factor in the development of empathy, as described by the participants, was the
opportunity to process their experiences in the client role during the interviews for this study. The
participants also stated that the development of empathy was tied to their use of real life
experiences while in the client role.
Abby – “Not only do I have empathy, but an understanding of the time it takes to build that relationship and the fact that sometimes it can… not be torn down, that relationship, but it can kind of be bruised a little bit.”

Devin – “It’s definitely going to help me spot when someone is uncomfortable with feeling emotions and it’s going to help me explain (why) to them, or to help them get there themselves.”

During the final focus group, the researcher and participants identified two areas of attitude and understanding that gradually changed throughout the course and had a strong impact on their experience with the five themes. These were labeled as trends. The first trend involved becoming more comfortable with the client role over time and was related to both the lack of professor evaluation regarding their time spent in the client role and the participants’ gradual acceptance of ambiguity. The second trend was the development of a better understanding of counseling and included the aforementioned development of empathy for the client experience. Both of the trends were connected in that the development of understanding and empathy took place for the participants only after they had begun to feel more comfortable with the client role. Overcoming their initial anxiety helped them become more open to the learning process.

**Environmental Factor**

The small group environment format for the class had an impact on the overall experience and process of participants. Two of the participants discussed how their positive experiences and feelings of trust that were engendered by the smaller and more intimate environment within the groups helped them to become more comfortable with the client role. The positive experiences also enhanced their development of empathy due to an increased sense of familiarity and rapport with CITs in the counselor role. One initial exception to this influence during the first half of the
course was a participant’s description of a group environment where she felt unsafe due to the feeling that a classmate was disrespecting her. Her experience of this environment impacted her feelings of comfort in the client role until this situation was resolved during the latter part of the semester. The participant reported, however, that this experience did not negatively impact her development of empathy. She spoke instead of having a better knowledge of how feeling safe and respected can impact the counseling process.

**Discussion and Implications**

This study raises important questions for other basic skills training courses that use role-play experiences. These results suggest that learning processes related to the development of empathy are possible within other courses using a similar role-playing model where students share real life experiences in the client role. The universal agreement among participants in this study was that sharing real life experiences while enacting the client role significantly aided in their development of empathy for clients. The participants also shared similar experiences related to how this development of empathy was experienced. Furthermore, participants stated that this learning process relied on their sharing of real life experiences, as well as their ability to process their experiences with the researcher during interviews.

The sharing of real life experiences during role-play experiences has been controversial and raised questions regarding the ethical implications of asking CITs to do so (Levitov et al., 1999; Rabinowitz, 1997; Weis, 1986). This is due to the fact that typically the counselor educator responsible grading the CIT enacting the counselor role will hear the personal problems shared by the CIT enacting the client role. That counselor educator may then develop an opinion of that student’s competency, based on the personal problems that were shared, that can impact their ability to impartially grade that student. In addition, it is possible that the vulnerability
experienced by students who share personal issues in front of faculty and fellow students will negatively impact their sense of safety and overall wellness within their counseling program.

Because the sharing of real life experiences in the client role can be related to the development of empathy, inviting CITs to focus on personal experiences becomes more justifiable. The participants in this study acknowledged their discomfort with evaluators of this course hearing their personal experiences, but at the same time explained that this simply meant that they were less likely to share experiences that could paint them in a negative light. In addition, they stated that they trusted faculty members to do their best not to use what they heard while they were in the client role to judge their performance in the counselor role. During the focus group, the participants stated that they felt that the richness of their learning relied on their sharing of “real life” experiences and that they felt this was worth the risk.

An unexpected result was the participants’ assertion that their learning experience related to the client role was enhanced through their interviews with the researcher during the study. Participants explained that there was no other structured outlet that they could use to reflect on or process their experiences within the client role. Factors that contributed to the value of the interviews for included the unstructured nature of the interviews themselves, since there was an effort to follow themes and experiences that they brought up. Another valuable factor noted was the lack of involvement of the researcher for their grading in the course. Based on the suggestions of the participants, adding a reflective activity to process the experiences in the client role is an addition that may help to encourage the development of empathy for the client experience. Participants also stated that the reflective activity would need to allow for their self-selection of the topic discussed and they would need to know that the content of their responses would not impact their grade in the course.
The significance of the small group environment is another finding that could impact future course construction. For basic skills training courses that use a small group format, inviting discussion and process of group dynamics could also positively impact the experience in the client role and the learning process related to empathy development. Even in large group formats, the inclusion of group process discussion has the potential to positively impact CITs’ feelings of safety and respect.

Due to the relationship between the two trends involving becoming comfortable in the client role and the development of empathy, support for CITs in becoming comfortable in the client role would appear to positively impact this process. This support could involve discussion aimed at reducing ambiguity by clearly spelling out expectations regarding the client role. Participants in this study began to understand that their actions in the client role did not impact their grade primarily due to the lack of feedback and discussion regarding that role. Addressing this ambiguity early on in the course could help to reduce anxiety and allow for more open processing of the experience during the aforementioned reflective exercises.

Limitations and Future Research

The intent of this study was to explore and co-construct the experience and process of enacting the client role with four CITs in a pre-practicum counseling skills course. The results of this study are intended to give counselor educators a window into the kinds of processes that occurred within the current pre-practicum structured course and to show that the learning process related to the development of empathy is possible. Credibility was addressed through the collection of rich data, ensuring confidentiality, ensuring that interviews were accurately represented, and incorporating the input of the participants. At the conclusion of this study, it is
believed that all of these points were addressed adequately and thus contributed to the credibility of the grounded theory.

Areas that could be addressed in future studies of this type include the choice to use “real life” experiences, design of the pre-practicum course, demographics of the participants, participant selection, and the types of interviews. First, the choice to share real life experiences itself could be the focus of further study. Examining the development of empathy and other factors in CITs who choose to use made-up experiences in pre-practicum role-plays could be explored, and even compared to those who choose to share real life experiences.

The design of the pre-practicum course, was a significant influence on the experience and process of the participants. It is accurate to say that this study focused on the experience and process of CITs in this particular pre-practicum course. Future studies could focus on the client role experience within alternate course structure, including those that do not use small groups, doctoral students, or observation behind two-way mirrors. For example, it was clear from the data that the small group environment was a critical factor in the experience of the participants. Experiences in the themes ambiguity and being the client could be dramatically different in pre-practicum course designs that do not utilize a small group format.

The demographics of the participants are another factor that influenced the grounded theory, in that all four of the participants came from very similar cultural backgrounds. Because different cultures can have different attitudes towards the sharing of personal information, themes in the grounded theory may have looked very different had there been greater cultural diversity. Future studies could focus on programs in areas of greater cultural, racial, and ethnic diversity to examine what themes and processes emerge.
The participant selection also influenced the outcome of this study, as the participants chosen from the volunteer sample were those who were talkative, interested in the study, and who planned on using real life experiences while enacting the client role. The possibility exists that the participants that were chosen had a vested interest in appearing “good”, as the researcher was a doctoral student in the department. If chosen participants were less talkative, moderately interested, or unsure about what they would share while enacting the client role, the findings regarding the learning process may have differed. Future studies could explore the experience and process of a larger group of students, possibly through the use of anonymous written journals to account for those students who are interested in sharing their process, but who are not interested in being interviewed face-to-face.

The types of interviews also significantly impacted these results. The energy and enthusiasm from the participants during the focus group was palpable. Thus, the use of group interviews throughout the experience may have had a much stronger influence on the social construction of the themes and the process, particularly given the impact the group environment had on participants’ feelings of safety within the course. The use of face-to-face interviews was also impactful, in that participants may have been more hesitant to share certain aspects of their experiences in this format. The previously mentioned use of anonymous written journals could also account for this factor. A limitation to this approach, however, would be the decreased opportunity to co-construct the themes and process with participants in the moment.

The development of empathy for the client experience is an important learning process in counselor education. This learning process for participants in this study included a strong focus on the development of empathy for the client experience, and was directly related to their use of real life experiences in the client role and the opportunity to process the experience during the research
interviews. The grounded theory provides an examination of a specific instance of an educational process that has the potential to encourage the development of empathy in CITs. Although this research study focused on the experiences of four CITs in a specific course environment, the above implications invite exploration into the experiences of CITs in other pre-practicum course designs and other courses that involve role-play experiences. The process of enacting the client role in a pre-practicum skills course should be further studied, so that best practices can be developed and the empathy development of CITs can be optimally supported.
References


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Developmental Level as a Predictor of Counseling Skills

Margaret J. Jensen, Garrett J. McAuliffe and Renee Seay

What is the relationship between the developmental characteristics of counseling interns and their counseling skills? Thirty master’s-level counseling students in their fieldwork phase were rated by their supervisors on both a measure of developmental level and counseling skills. Results indicated that the construct of Self/Other Awareness was the strongest predictor of counseling skills level. Based on this finding, it can be concluded that counselor supervisees possessing this awareness appear better equipped to deal with the complex problem-solving and social interactions required for successfully counseling clients.

Keywords: Cognitive Development, Supervision, Counseling Skills, IDM

Counselor educators are charged with preparing new counselors in the field to ensure quality of care for future clients. Thus, training programs must offer counselors-in-training the most effective learning experiences possible (Eriksen & McAuliffe, 2003). One means of enhancing trainees’ preparation is clinical supervision, during which actual work performance is analyzed and feedback provided. Supervision is a particularly intense learning environment for that reason. Therefore, it will be important to understand the factors in supervision that enhance the effectiveness of counselor supervisees. One promising line of inquiry resides in investigating the relationship between a counselor supervisee’s cognitive developmental level and counseling skill competency (Eriksen & McAuliffe, 2006; Lovell, 2002; McAuliffe & Lovell, 2006). The focus of this study, therefore, was to explore specific developmental dimensions that might impact the counselor training process. Specifically, the relationship between Stoltenberg and Delworth’s (1987) developmental levels and counseling competency skills was examined.
Development & Counseling Skills

Development is a broad concept that usually refers to the evolution of meaning-making from more simple to complex (McAuliffe & Lovell, 2006). Such development can be helpful in assessing and maximizing mental readiness for a task (Eriksen & McAuliffe, 2006; Lovell, 2002; McAuliffe & Lovell, 2006). That mental readiness can be described in terms of cognitive complexity. Cognitive complexity was defined by Pervin (1984) as an individual’s ability to use multiple constructs that have numerous relationships to one another (complexity) at one end of a continuum, and an individual’s use of few constructs with limited relationships to one another (simplicity) at the other end. Cognitive complexity can be understood as a developmental characteristic, that is, an evolution toward greater complexity.

Cognitive complexity is important to the counseling field because the ability to take multiple perspectives and engage in critical thinking is integral to the dynamic dialogue that is the work of counseling (McAuliffe & Lovell, 2006). Understanding how cognitive development enhances counseling competence would offer educators a means of increasing such complexity, and with it, counseling skills. In particular, supervision during practicum or internships would be a key moment in the training process to promote cognitive complexity in counselors-in-training.

Supervision

There has been increasing attention to the role of supervision in counselors’ professional growth (Lovell, 1999; 2002; Scott, Nolin, & Wilburn, 2006). A significant portion of this attention has been paid to developmental models of supervision. These models commonly describe the emergence of cognitive complexity in supervisees. The developmental models suggest that beginning supervisees require more direction and are more dualistic in their thinking than are
supervisees later in the process (e.g., Blocher, 1983; Loganbill, Hardy, & Delworth, 1982; Lovell, 2002; Stoltenberg, 1981).

**The Integrated Developmental Model**

One developmental supervision model is the Integrated Developmental Model (IDM) developed by Stoltenberg and Delworth (1987; Falender & Shafranske, 2004; Haynes, Corey, & Moulton, 2003). Inherent in Stoltenberg and Delworth’s (1987) IDM is the notion that cognitive complexity is related to counseling skills, and that such complexity advances as counselors move through career phases, from Level 1 trainee to Level 3 Master Therapist. Thus, as counselors become more expert, they are better able to engage in case conceptualization, integrate clinical information, and understand interpersonal communication than they were at initial stages of development. This recognition of the importance of developing cognitive complexity through counselor education has been supported in the counseling literature (Eriksen & McAuliffe, 2003; Lovell, 1999, 2002; McAuliffe & Lovell, 2006).

There are three domains in the IDM (Stoltenberg, McNeill, & Delworth 1998). The first is Self-Other Awareness, which is defined as a supervisee’s stage of self-reflection and awareness of the client’s world (Bernard & Goodyear, 2004). The second domain is Motivation, the supervisee’s interest, investment, and effort expended in the clinical training/practice process. The third domain is Dependency-Autonomy. Autonomy reflects the relative independence a supervisee is manifesting in relationship to his or her supervisor during the supervision process. Dependency is the reverse (Stoltenberg et al., 1998). Each domain has its own developmental level characteristics. Classification at Level 1, 2 or 3 within each domain depends on the degree to which the supervisee exhibits an awareness of self and clients, a stable motivation for being a counselor, and autonomous versus dependent functioning on the supervisor.
Determining the counselor's developmental level within each domain is the first step in choosing supervision strategies that might facilitate movement to the next developmental level and thus forms the foundation from which the other interventions follow (Stoltenberg et al., 1998). To assess these areas for the supervisees, the Supervisee Levels Questionnaire-R (SLQ-R; McNeill, Stoltenberg, & Romans, 1992) was developed. McNeill and colleagues found that supervisees who had been in training longer had significantly higher scores on all three scales of the IDM compared to beginning and intermediate supervisees. Using a longitudinal design, Tryon (1996) studied the development of counseling students during their advanced practicum training. The SLQ-R was administered to the students after 5 weeks, 15 weeks, and 31 weeks of practicum. The students demonstrated significant increases on their Self/Other and Dependency/Autonomy scale scores. Few studies have actually tested the IDM as a model of cognitive complexity utilizing the SLQ-R; the current study addresses this issue by utilizing the SLQ-R as a measure of cognitive complexity in relation to supervisor ratings of the supervisee’s actual counseling skills. If the SLQ-R is a measure of cognitive complexity, then according to the IDM, it should be significantly correlated with counseling skills. To our knowledge, this relationship has not been previously tested.

Counseling Skills

A foundation of counselor training is the teaching of counseling skills. Such skills have been translated into specific elements that comprise effective counseling (Eriksen & McAuliffe, 2003; Ivey, 1971). It is important that such basic skills be measured so that counselor educators have a means of evaluating their training programs (Eriksen & McAuliffe, 2003; 2006). In turn, effective evaluations require clearly delineated performance objectives that can be assessed in both quantitative and qualitative terms and that have been made explicit to the supervisee during initial
supervision contacts (Eriksen & McAuliffe, 2003). However, there are few existing instruments measuring counseling skills that have been empirically validated.

In order to address this challenge, Eriksen and McAuliffe (2003) developed the Counseling Skills Scale (CSS), with five criteria deemed pertinent for the measurement of counseling skills. Eriksen and McAuliffe declared that a measure of counseling skill should: “(a) be valid and reliable; (b) rely on observations of actual in-session performance of counseling skills; (c) be accessible, that is, have face validity, be easy to use, and be relevant for students and instructors as a feedback device; (d) rely on ratings by expert judges, rather than only ones by students, clients, or peers; and (e) require qualitative judgments as to the contextual appropriateness of the use of particular skills” (p.123). The CSS meets all of those criteria.

Currently, the bulk of the literature is replete with research on the models regarding developmental theories of supervision and theories about the development of counseling skills, but little research has examined the relationship between the two areas. The research in this area has shown the importance of the role of supervision in the counselor trainees’ skills competencies (Eriksen & McAuliffe, 2003; Lovell, 2002). The purpose of the current study was to extend the previous research by investigating the predictive relationship between counselor’s cognitive developmental levels and competency skills level. It was expected that higher levels of cognitive complexity would be related to the supervisee’s counseling skills. Specifically, we hypothesized that counselor trainees who scored higher on the SLQ-R would score higher on the CSS, as rated by their supervisors. In addition, we examined the ability of the SLQ-R scores to predict the CSS scores.
Method

Participants

Participants were graduate students in a counseling program who were enrolled in practicum and internship in a CACREP-accredited graduate counseling program in a public university in southeast United States. The ages of the 30 participants ranged from 23 years to 40 years with a mean age of 27 years. There were 23 females (77%) and seven males (23%) in the sample. Of the 30 participants, 18 identified as Caucasian (60%), three were Asian (10%), three were Latino (10%), four were African-American (13.3%), and two identified as “other” (6.7%). Ten participants were in practicum (33%) and 20 were in internship (67%). The average amount of experience for the total sample of participants was 1.82 years.

Instruments

SLQ-R. Counselor IDM developmental levels were assessed using the Supervisee Levels Questionnaire-Revised (SLQ-R; McNeill et al., 1992). The SLQ-R was an attempt to address the need for reliable, valid assessment procedures for identifying a supervisee’s level of development. This instrument consists of a total of 30 items. Cronbach’s alpha reliability coefficients were calculated for the three subscales, resulting in reliability estimates of .83, .74, .64, and .88 for the Self and Other Awareness, Motivation, and Dependence-Autonomy subscales, and total scores respectively (McNeill et al., 1992). To evaluate the construct validity of the SLQ-R, McNeill et al. (1992) conducted a study whereby differences in subscale and total scores between beginning, intermediate, and advanced students were examined. The preliminary data from this study indicated the SLQ-R measured the constructs associated with the IDM with some degree of validity and reliability.
CSS. Counselor competency levels were rated by the supervisors using the Counseling Skills Scale (CSS; Eriksen & McAuliffe, 2003). The CSS (Eriksen & McAuliffe, 2003) measures counseling skills performance and consists of 19 items and six subscales. Trained raters evaluate students on a Likert-type scale from -2 (major adjustment needed) to +2 (highly developed skills). Item scores are averaged into subscale scores that are then added to become the total counseling skills score. These items reflect those skills that are generally addressed in counseling textbooks (Eriksen & McAuliffe, 2003; Ivey & Ivey, 2009). Body language, minimal encouragers, vocal tone, and evoking and punctuating strengths are grouped into a subscale titled Shows Interest. Questioning, requesting concrete and specific examples, paraphrasing, and summarizing are grouped into a subscale called Encourages Exploration. Reflecting feelings, using immediacy, observing themes and patterns, challenging/pointing out discrepancies, and reflecting meaning and values are included in the subscale called Deepens the Session. Determining goals/outcomes, creating change, considering alternatives, and planning action/anticipating obstacles constitute the subscale Encourages Change. The two final subscales are Develops Therapeutic Relationship and Manages the Session (Eriksen & McAuliffe, 2003). Cronbach’s alpha conducted on the CSS was .91, indicating a relatively high level of internal consistency (Eriksen & McAuliffe, 2003). Counseling experts have confirmed the face validity of this instrument, but other forms of validity have yet to be tested. In a review of the available self-report and observer rating measures used to assess the clinical skills of supervisees, Perosa and Perosa (2010) found the CSS demonstrated “acceptable levels of reliability and validity for research purposes” (p. 132).

Procedure
The Institutional Review Board approved this study, including all precautions that were incorporated to protect the welfare and anonymity of the participants per the American Counseling Association’s Ethical Code (ACA, 2005). In addition, the study adhered to the Best Practices in Clinical Supervision from the Association for Counselor Education and Supervision (ACES, 2011). Participants were recruited by email by the first author to all doctoral supervisors and their supervisees who were enrolled in practicum or internship. The email contained a brief summary of the study, a description of each instrument, and a request for their participation during one of their supervision sessions. After permission was granted, the first author contacted the supervisors to schedule a meeting to distribute the informed consent and study instruments (described below). The informed consent emphasized that participation was strictly voluntary, and that individuals could remove themselves from the study at any time. In addition, students were informed that the video recorded sessions and transcripts would be returned and their names would be substituted on the measures with numerical codes. Participants interested in obtaining results of the study could complete their request on a separate postcard when they submitted their informed consents. Results from the study were sent to those who made requests after the study was completed.

The first author was responsible for collecting the data and none of the authors were involved directly with supervisee training. The test packets given to the supervisors included (a) demographic sheets for supervisor and supervisee, (b) SLQ-R forms to be completed by both supervisor and supervisee during their first or second meeting, and (c) a CSS form to be completed by the supervisor about the supervisee once a video-taped session was completed. The first author instructed each supervisor on how to score the CSS and offered to answer any questions during the course of completing the form. The supervisee was required to submit a video recording of one of
the counseling sessions during the semester along with a typed transcript of the session. The video was used by the supervisor to complete the CSS form and then was returned to the supervisee.

**Analysis**

The data analysis was conducted in SPSS in two separate sequences. First, a correlational analysis examined the relationship between the three scales of the SLQ-R and the scales of the CSS. Second, a set of hierarchical regression analysis was conducted in order to determine the ability of the IDM developmental levels of a counselor supervisee to predict counseling competency skill level. For this analysis, seven regression analyses were conducted in order to determine which of the SLQ-R scale scores significantly predicted each of the scale scores and the overall total score of the CSS. Each regression was conducted in the same manner, using the individual CSS scale or the total score as the criterion variable. Step one consisted of entering age, practicum or internship, and years of experience to control for any shared variance between these variables and the CSS scales. Because previous research has found age, nature of fieldwork, and experience levels to be related to clinical competency, it was important to control for their effects on counseling skills. Step two consisted of entering all the SLQ-R scales rated by both the supervisors and counselor supervisees.

**Results**

The hypothesis of the current study was that higher levels of cognitive development as measured by the SLQ-R would be related to higher levels of counseling skills as measured by the CSS. In addition, the researchers examined which scale scores from the SLQ-R predicted individual CSS scale and total scores. The means and standard deviations for the SLQ-R and CSS for practicum and intern students are listed in Table 1.
Results of the correlation suggested that the experience variables generally were not related to scores on the CSS scales (see Table 2). The exception was a significant positive relationship between years of experience and Manages the Session, suggesting that trainees with more experience were able to more effectively manage the counseling session. In relation to developmental level, higher supervisor’s ratings of the counselor supervisees on the three SLQ-R scales were related to higher scores on all six of the CSS scores of the supervisees. Higher scores on the Dependency/Autonomy scale were related to higher scores on five of the CSS scales with the exception of Deepens the Session. By contrast, the supervisees’ ratings of themselves on the SLQ-R were not significantly related to their CSS scores. Therefore, overall greater cognitive development as rated by the supervisors on the SLQ-R was related to enhanced counseling skills as measured by the CSS for the counselor supervisees.

Table 1

Means and Standard Deviations for the Main Variables for Practicum and Intern Graduate Counseling Students
Table 2

**Bivariate Correlation Analysis of CSS Scales with the Demographic variables and the SLQ-R Scale Scores Rated by Supervisees and Supervisors**

<table>
<thead>
<tr>
<th>Variables</th>
<th>Interest</th>
<th>Explore</th>
<th>Deepens</th>
<th>E-Change</th>
<th>Thx-Rel</th>
<th>Manages</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>.25</td>
<td>-.01</td>
<td>.07</td>
<td>.28</td>
<td>.00</td>
<td>.02</td>
<td>.00</td>
</tr>
<tr>
<td>Yrs – Ex</td>
<td>-.03</td>
<td>-.27</td>
<td>-.12</td>
<td>.02</td>
<td>-.10</td>
<td>.36*</td>
<td>-.21</td>
</tr>
<tr>
<td>Se-S/O</td>
<td>.15</td>
<td>.18</td>
<td>.20</td>
<td>.31</td>
<td>.13</td>
<td>.08</td>
<td>.11</td>
</tr>
<tr>
<td>Se-MO</td>
<td>.26</td>
<td>.15</td>
<td>.17</td>
<td>.34</td>
<td>.19</td>
<td>.22</td>
<td>.20</td>
</tr>
<tr>
<td>Se-D/A</td>
<td>.15</td>
<td>.31</td>
<td>.23</td>
<td>.11</td>
<td>.11</td>
<td>.07</td>
<td>.14</td>
</tr>
<tr>
<td>SR-S/O</td>
<td>.63**</td>
<td>.63**</td>
<td>.45*</td>
<td>.47**</td>
<td>.59**</td>
<td>.73**</td>
<td>.58**</td>
</tr>
<tr>
<td>SR-MO</td>
<td>.59**</td>
<td>.58**</td>
<td>.36*</td>
<td>.42*</td>
<td>.49**</td>
<td>.74**</td>
<td>.41*</td>
</tr>
<tr>
<td>SR-D/A</td>
<td>.39*</td>
<td>.43*</td>
<td>.35</td>
<td>.40*</td>
<td>.41*</td>
<td>.56**</td>
<td>.43*</td>
</tr>
</tbody>
</table>

Note: Yrs – Ex = Years of Experience; Se = Supervisee; SR = Supervisor; Explore= Encourages Exploration; Deepens = Deepens the Session; E-Change = Encourages Change; Thx-Rel = Develops Therapeutic Relationship; Manages = Manages the Session; * = p< .05; ** = p< .01

Because of the large number of variables involved with each of the regression equations, only significant results will be summarized (see Table 3). Of the seven scales, four models (i.e., Shows Interest, Encourages Exploration, Manages the Session, and CSS Total) were significant.
and one model (i.e., Develops Therapeutic Relationship) approached significance (i.e., \( p < .10 \)). Contrary to expectations, the supervisee’s ratings of his or her own cognitive developmental level were not a significant predictor in any of the models. The supervisor’s ratings of the supervisee’s self/other awareness predicted scores on four of the five significant models: Shows Interest, Encourages Exploration, Develops Therapeutic Relationship, and the CSS Total Score. In each case, higher ratings of self/other awareness predicted higher ratings of counselor competence. The supervisor’s ratings of Dependency/Autonomy were a significant predictor in the Shows Interest model whereas the supervisor’s ratings of Motivation were a significant predictor in the CSS Total model. Surprisingly, these predictors had an inverse relationship with the CSS scores once self/other awareness has been controlled statistically. That is, higher ratings of dependency/autonomy and motivation predicted lower levels of CSS scores for Shows Interest and CSS Total, respectively. These two scales were not significant in any of the other models. The proportion of variance accounted for in these four models ranged from .49 to .66. Thus, half of the variability found in the supervisee’s counselor competence scores can be explained by the supervisee’s level of self-other awareness.

The only model for which the experience variables reached predictive significance was the Manages the Session scale. In this case, fewer years of experience and being on an internship (versus the practicum) predicted higher supervisor ratings of competence in Manages the Session. Furthermore, this model accounted for the least amount of variance (i.e., .34) compared to all of the other significant models. While the experience variables were expected to be predictive of the CSS Scale scores, in most cases, they were not.

Table 3

<table>
<thead>
<tr>
<th>CSS Scale</th>
<th>Predictor variables</th>
<th>( R^2 )</th>
<th>( F )</th>
<th>( \beta )</th>
</tr>
</thead>
</table>

*Significant Predictors of the CSS Scale Scores Using the Experience Variables and SLQ-R Scores*
<table>
<thead>
<tr>
<th>Phenomenon</th>
<th>SR-S/O</th>
<th>SR-D/A</th>
<th>S/O</th>
<th>D/A</th>
<th>SR-MO</th>
<th>Note:</th>
<th>Rating</th>
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</thead>
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<tr>
<td>Shows Interest</td>
<td>.66</td>
<td></td>
<td></td>
<td></td>
<td>.55</td>
<td></td>
<td>4.44*</td>
</tr>
<tr>
<td>Encourages Exploration</td>
<td>.64</td>
<td></td>
<td></td>
<td></td>
<td>.34</td>
<td></td>
<td>3.99**</td>
</tr>
<tr>
<td>Develops Therapeutic Relationship</td>
<td>.49</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.18b</td>
</tr>
<tr>
<td>Manages the Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>4.46**</td>
</tr>
<tr>
<td>CSS Total</td>
<td>.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2.77*</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
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<td>-1.01*</td>
</tr>
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</table>

Note: *= The scales “Deepen the Session” and “Encourages Change” are excluded because the models were not significant. SR = Supervisor; S/O=Self/Other Awareness; D/A=Dependency/Autonomy; MO=Motivation; * = p< .05; ** = p<.01

Discussion

Results of the current study support the predictive relationship between counselor supervisees’ developmental levels in Self-Other Awareness, Motivation, and Dependency/Autonomy and their counseling skills level, but only when assessed by the supervisor. These findings are consistent with the complexity of the work of counseling. Counseling skills are, in fact, a dynamic set of abilities that requires multi-tasking performance on the part of the counselor. The counselor must simultaneously balance listening intently to the client, listening to his or her own response, and responding based on that dynamic relationship. These findings reveal that a higher level of mental complexity as measured by the IDM is required to perform the multiple tasks of counseling work.

Little research has examined the predictive relationship of the supervisee’s developmental level with counseling skills. In our sample, higher supervisor ratings on the Self/Other Awareness scale significantly predicted higher CSS scores on three of the seven counseling skills factors,
namely Shows Interest, Encourages Exploration, and Total CSS score. These results are generally consistent with Stoltenberg and Delworth’s (1987) IDM theory. According to Stoltenberg and Delworth (1987), as supervisees move higher on Self-Other Awareness, they begin to move back and forth more easily between a focus on their own emotional and cognitive responses to the client and an awareness of what the client might be experiencing. Self-Other Awareness allows the counselor supervisee to integrate information from both perspectives, rather than focusing on their own performance anxieties and perceived competency. In the current study, supervisees rated higher in Self/Other Awareness by their supervisor were more efficient in utilizing (1) appropriate eye contact, (2) vocal tone, and (3) nonverbal cues or body language. It seems that these supervisees were especially attentive to the client, rather than being focused on themselves. More attunement to one’s own internal world and empathic attention to the client’s world (i.e., Self-Other Awareness) resulted in stronger attending behavior. Conversely, a predominance of self-focus at this level directly interferes with the counselor supervisee’s ability to empathize with and understand the client.

In the case of the CSS Encourages Exploration scale, counselor supervisees who were rated higher on the Self/Other Awareness scale were more efficient at the specific skills of (1) utilizing open-ended questions, (2) paraphrasing, (3) summarizing, and (4) requesting concrete and specific examples from the client. Thus supervisees who could pay attention to the client’s needs were also better able to actively explore the client’s world by use of such skills as paraphrases or open-ended questions. By contrast, those with low self/other awareness did not demonstrate these exploration-oriented skills. Thus self-other awareness was essential for encouraging client exploration.

Finally, the fact that supervisee’s scores on Self-Other Awareness predicted the overall Total CSS Score is important. Higher self-other awareness was positively related to the overall
competencies that indicate strong counseling ability. By contrast, supervisees who showed low self-
other awareness were less able to flex during a session by weighing multiple factors in a session.
This finding is similar to McAuliffe and Lovell’s (2006) results that low cognitive development
level in supervisees was related to their tendency to mix their own point of view with the client’s
and to lack insight into a client’s situation. In the McAuliffe-Lovell study, parallel thinkers were
fairly rigid and concrete in their responses. Each counseling behavior requires judgment during a
session. At a lower level of development (high self-focus and high dependency), counselor
supervisees are more likely to require the step-by-step instructions from their supervisors in
performing counseling skills. They have not yet learned to exercise more autonomy in their thinking
and decision making. Hence, these counselors at the lower developmental level may have focused
their attention on performing skills, rather than on being in the moment with the client, and perhaps
felt the need to present themselves favorably to their supervisors, rather than rely on their own
intuition in a session. While such self/other balance and dependency are somewhat normative for
beginning counselor supervisees (Ronnestad & Skovholt, 1993), they are not as common for
advanced student. Thus IDM level seems to distinguish more effective supervisees from others.

Compared with the other SLQ-R scales, the Self/Other Awareness scale had the highest
predictive value for counselor supervisees’ counseling skills, generally accounting for the most
variance in the regression models. This finding is supported in the literature (Lovell, 2002;
McAuliffe & Lovell, 2006; Tryon, 1996). A counselor supervisee rated higher on his or her ability
to focus mainly on the clients’ needs is likely to be able to accurately reflect client content and
feelings. Rather than mostly focusing on themselves, that is, projecting or arbitrarily offering
advice or inaccurate interpretations, counselor supervisees higher on the Self/Other Awareness scale
seem able to integrate multiple pieces of information during the session, while still staying “present” with the client.

**Limitations**

Several limitations are notable in the current study. First, the volunteers used in this study were from one training program in the southeastern area of the country. These trainees may already possess higher levels of motivation, cognitive complexity, or counseling skills than trainees that did not volunteer. In addition, other psychological factors related to both the supervisors and the supervisees may have affected the results. For example, the theory of supervision held by the supervisors or their understanding of developmental supervision models were not measured; misunderstanding of this model may have resulted in inaccurate ratings. Also, the desire to “look good” in the eyes of the program, either as a trainee or a supervisor, may have caused a halo effect in rating the supervisee’s performance. The presence of a halo effect may explain why the supervisee’s rating of their own performance did not predict their counseling skills. Further research may address this issue. The cross-sectional nature of the study created other limitations. For example, cognitive complexity was measured at one point in time, so it is unknown if changes on the SLQ-R will result in changes in counseling skills. Due to these limitations, the results may not be generalizable to all counseling programs in the country.

**Implications for Practice**

The results of this study provide some evidence that there is a link between counselor supervisees’ developmental levels and how well they are able to demonstrate basic counseling skills. Most clearly, counselor supervisees who are less self-focused are better able to attend to the needs of the client in a session, as evidenced by their superior ability to demonstrate the micro-skills of counseling. Implications for practice might be drawn from these results.
A first practice implication relates to measuring supervisee’s cognitive developmental levels early on in their training process. It seems essential to the effectiveness of a counselor education program to operate from a developmental foundation that encourages growth. Based on the current study, cognitive complexity is related to and predictive of counseling skills. Measurement of the supervisee’s cognitive complexity allows the supervisor to shape the supervisee’s training based on where he or she is at developmentally in training. Such early measurement allows for more individualized training for the supervisees. Effectiveness is enhanced because supervisees are provided more exact training in the specific areas where they need improvement.

The second practice implication focuses specifically on training supervisees in self/other awareness. Use of the SLQ-R would allow supervisors and counselor educators to identify those supervisees who are at lower levels of self/other awareness. Based on the current findings, a supervisor would need to explicitly encourage other-focus in these supervisees. Counselor educators could encourage this growth through the use of activities that promote disequilibrium, particularly in self-other awareness, in their students (McAuliffe, 2011a). For example, self/other awareness can be enhanced by emphasizing empathic responding and probing for case conceptualization (i.e., other-awareness) as a primary task. These activities may stretch supervisees to cultivate their listening and attending skills to focus more intently on the client and less on themselves. A counselor educator might emphasize other-focus in role plays or case conceptualizations by asking, “What do you think the client might be feeling?” or “What do you think the experience might mean for the client?” These probes can be followed by, “What choices do you have for a response to the client?” The intent of using these activities is to encourage supervisees to embrace ambiguity and ponder the many possible responses.
In general, since this study lends support to the notion that IDM developmental level is related to counselor competency skills, it will be important for counselor educators to create environments in the classroom that promote counselor supervisee development, not merely to teach skills. Such implications include selecting development-enhancing methods of teaching the courses. Counselor educators might utilize more active learning methods, such as reflection papers, class discussions, and role-playing that emphasize autonomous thinking (McAuliffe, 2011b). In addition to building counseling skills, these activities may also be instrumental in nudging counselor supervisees toward the next higher developmental level.

**Implications for Future Research**

A number of studies have identified the importance of assessing counselor supervisees using a cognitive developmental lens (Ronnestad & Skovolt, 1993; Stoltenberg & McNeill, 1997; Lovell, 2002; Eriksen & McAuliffe, 2006, McAuliffe, 2011b). However, when counselor supervisees’ cognitive development level has been discussed, the literature has tended to be more conceptual rather than empirical. This study attempted to address that gap in the literature by pairing IDM developmental cognitive level with actual performance of counseling skills.

There is a need for additional research that examines both the counselor supervisee’s developmental level and his or her competency skills (Lovell, 2002; Eriksen & McAuliffe, 2006). In particular, the relationship between self/other awareness deserves further exploration. For example, it would be helpful to identify which development-enhancing activities promote supervisee growth in this area. In addition, the autonomy/dependency continuum showed some promise in predicting counseling skills and should be studied further, especially with larger samples. Further work in this area may deepen understanding of the unexpected relationship between autonomy and counseling skills found in the current study. Lastly, it is important to study
the relationship between cognitive complexity and counseling skills longitudinally. Specifically, understanding the relationship would be enhanced if increased cognitive complexity, especially self/other awareness, resulted in improvements in counseling skills. Supervisees and counselor educators would therefore be able to tailor interventions in the direction of increasing the various components of cognitive complexity if that is warranted from the findings.
References


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Relationship Between Psychological Well-Being and Perceived Wellness in Online Graduate Counselor Education Students

Wendy Merryman, Magy Martin and Don Martin

Counselor well-being is an important contributor to the effectiveness of the therapeutic relationship. This study examined the relationship between psychological well-being and perceived wellness in a sample \( (N = 100) \) of graduate students enrolled in two online counselor training programs. The issue of personal counseling was also addressed in this study. Multiple regression analysis revealed a significant relationship between psychological well-being and perceived wellness.

*Keywords:* Counseling, Psychology, Online Students, Well-Being, Wellness, Counselor Educators

Professional counseling is an intricate profession necessitating personal awareness and ethical behavior. Counselor impairment evidenced by psychological vulnerability, such as transference, boundary issues, and compromised management of self-care (Coady & Wolgien, 1996; Lambie, 2006) may occur when personal balance and self-needs are minimized or ignored (Lawson, Venart, Hazler, & Kottler, 2007). In contrast, counselor wellness is seen as a mental balance across multiple domains of a counselor’s professional and personal life (Venart, Vassos, & Pitcher-Heft, 2007). It has been hypothesized that counselors who respect their wellness are better able to facilitate wellness in others (Lawson et al., 2007). Numerous counselor training programs indicate in their admissions criteria that counselor-in-training wellness and personal growth are of paramount importance. However, there are few quantitative studies that examine the process of counselor self-care within a graduate training program. More often, the counseling literature cites the well-being of practicing mental health professionals as readily subject to the
impact of impairment (Cummins, Massey, & Jones, 2007; Figley, 2002; Gilroy, Carroll, & Murra, 2002; Sherman & Thelan, 1998; Trippany, Kress, & Wilcoxon, 2004; Wheeler, 2007). Counselor impairment occurs when personal balance and self-needs are minimized or ignored (Lawson et al., 2007). It is believed that instilling wellness practices as part of counselor development may reduce future incidences of impairment in counseling professionals (Wilkerson, 2006).

Theoretical support for the premise that psychological well-being is contingent on self-awareness and balance was often illustrated by the accounts of Rogers’s (1961) descriptions of fully-integrated and functioning persons. These statements supported a positive growth based assumption of an individual’s innate ability to perceive and move towards greater openness, awareness, and self-acceptance. This focus on intrinsic values that promoted positive personal growth has often been associated with greater psychological well-being.

The principles of person-centered theory (PCT) (Rogers, 1980) were used to help identify the variables necessary for the psychological wellness of counselors in training in this study. Periodically discussed in the counseling literature is the premise that counselors who are actively self-aware of their psychological well-being were more able to adequately address their personal issues (Richards, Campenni, Muse-Burke, 2010; Venart et al., 2007; Yager and Tovar-Blank, 2007). However, exposure to the concepts of wellness alone may not be sufficient for students to increase well-being (Roach & Young, 2007). Unlike knowledge acquisition of theory and therapeutic techniques, counseling students’ personal awareness and development of personal well-being progress on an individual basis are difficult to assess (Rogers, 1961; Lambie & Sias, 2009; Sheldon & Kasser, 2001).
Review of Research

Ethically, counselor educators have a dual responsibility to the profession of counseling and to counselors-in-training to identify psychological, physical, and emotional impairments that may affect their success in becoming a graduate and effective professional (American Counseling Association [ACA], 2014; Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). Addressing competency problems in graduate counseling students has consistently posed a challenge for educators (Chapman, Baker, Nassar-McMillan, & Gerler, 2011; Coker, Jones, Staples, & Harbach, 2002; Johnson, Elman, Forrest, Robiner, Rodolfa & Schaffer, 2008; Jordan, 2002; McCarthy, 2008; Wilkerson, 2006). While mitigating mental impairment in students appears to support the need to assess psychological well-being and perceived wellness in graduate-level students (Bradex & Post, 1991; Buchbinder, 2007; Hensley, Smith, & Thompson, 2003), many graduate programs have difficulty operationalizing these constructs.

Researchers are varied in their conclusions about the effectiveness of online supervision of counseling students. Although Watson (2003) identified the productive use of supervised time and availability of supervisors as advantages of asynchronous supervision, the lack of face-to-face contact between supervisors and supervisees remained problematic. Likewise, Stebnicki and Glover (2001) noted positive outcomes of asynchronous supervision; however, the supervisors’ inability to discern supervisees’ nonverbal behaviors was a limitation. In a synchronous supervision session, students reported missing the attributes of face-to-face, in person interaction with supervisors (Coker et al., 2002). Successful communications between supervisor and supervisee can occur in an online learning environment (Chapman et al., 2011). The opportunity for supervisors to be aware of nonverbal communications as an indicator of the student’s well-
being is absent in the online setting. Therefore, this proposes a challenge for counselor educators within the online environment to monitor the personal and professional competence of their students.

Evaluating the mental health needs of graduate-level students in counseling programs is difficult because the assessments are inadequate. Counselors-in-training may represent a highly vulnerable population regarding psychological well-being and if impaired, may have difficulty perceiving their needs. (Bradely & Post, 1991; Buchbinder, 2007; de Vries & Valdez, 2006; Forrest, Elman, & Miller, 2008; Gaubatz & Vera, 2002; Hensley et al., 2003; Kumary & Baker, 2008; Witmer & Young, 1996).

Researchers have sought to establish self-awareness as a critical precursor for sustaining well-being for counselors (Adams, 1995; Adams, Bezner, & Steinhardt, 1997; Adams, Bezner, Drabbs, Zambarano, & Steinhardt, 2000; Coster & Schwebel, 1997; Linley & Joseph, 2007). Recently, Harris et al., (2013) investigated the relationship between graduate-level counseling students’ psychological well-being and perceived wellness in a traditional graduate-level counseling program. They found a significant relationship between psychological well-being and perceived wellness in graduate-level counseling students with trainees often seeking therapy to help with personal issues.

Absent in the literature is research specific to the online counselor trainee population particularly since several online only or distance learning programs have recently achieved CACREP accreditation. Students who participate in an online learning environment, according to Scheer and Lockee (2003), often express a need for access to wellness resources. In a separate study, Kurtz, Amichai-Hamburger, and Kantor (2009) found positive correlations between self-esteem and students’ attitudes about online learning, including high degrees of self-awareness. In
the online environment, the students’ desire for self-awareness is inhibited by the difficulty to develop social relationships due to geographic distances. Assistance in balancing multiple roles and providing wellness resources would help the online students to monitor and attend to their wellness.

**Purpose of Study**

This study extended the work of Harris et al., (2013) to examine the relationship between the constructs of psychological well-being and perceived wellness in online graduate-level counseling students. Additionally, the relationship between the six individual dimensions of psychological well-being and the overall construct of wellness was explored. Further analysis was conducted on the relationship between participation in personal counseling and perceived wellness. The three research questions evaluated were:

1. What is the relationship between the constructs of psychological well-being and perceived wellness in graduate students enrolled in an online counselor education program?

2. To what extent do the individual dimensions of psychological well-being predict perceived wellness in graduate students enrolled in an online counselor education program?

3. What is the relationship between participation in personal counseling and perceived wellness in graduate students enrolled in an online counselor education program?

**Research Design**

**Setting and Sample**

The population for this study consisted of graduate students enrolled in online counselor training programs at a large university with a student population greater than 40,000 and a small college with a student population fewer than 5,000. Both academic institutions are located in the United States. To determine the appropriate sample size for the study, the sample size was
calculated using a power of .80 and an alpha level of .05. Since there is limited research in the online counselor education setting on the relationship between psychological well-being and perceived wellness, medium ($f^2 = .15$) effect of multiple regression was calculated and a minimum of 97 subjects were sought for the study. Availability or convenience sampling was used because it provided accessibility of participants to the researcher and data needed concerning a particular student population. Given that convenience sampling was employed, an appropriate alpha level of .05 was selected to mitigate the risk of a Type I error.

**Method**

Approval was obtained from both Institutional Review Boards of the universities used in the survey. Research was conducted in adherence to American Counselor Association ethical codes (ACA, 2014) and the Association for Counselor Education and Supervision best practices (ACES, 2014) was followed.

Department chairpersons were contacted via email by the researchers requesting permission to conduct a study with willing participants in their programs. Participants were recruited through an online participant pool study site via email notification of research from the university or via email directly from the college’s department chairperson of the counseling program. Approximately 130 students were enrolled in a small college program, and 1000 students enrolled in a large university program. All students attending the small college were notified of the survey; however, the number of university students enrolled in the participation pool study site receiving information was unavailable. University participants were recruited through an internal online participant pool and access to the survey was made directly through that internal site. Participants from the small college program accessed the same survey through an external link. Recruitment from two similar counselor educational programs were used to enhance generalizability of the
population and obtain a statistically valid sample size. No incentives were used for participation in the study. Identical sample invitations were provided and used in both recruitment venues.

Two self-administered psychometric survey instruments and a self-administered demographic survey were posted through the participant pool study site of a large university. Students attending the small college accessed the surveys via SurveyMonkey, a web-based survey site. Participants accessed the data collection instruments via an online link from an email invitation issued by the institutions. After participants had completed the survey instruments, the data was downloaded from the site directly to the researchers for analysis. It is assumed the participants answered the questions honestly and candidly to the best of their judgment.

Instruments

The Scales of Psychological Well-Being (SPWB) (Ryff, 1989) is an 84-question Likert-style self-administered instrument intended to measure the construct of psychological well-being. The purpose of the SPWB (Ryff, 1989) is to help individuals understand their level of each of the six dimensions of psychological well-being. The SPWB was selected to measure the predictor variable, psychological well-being, based on its theoretical alignment and dimensional features. The six dimensions of psychological well-being measured by the SPWB are: (a) self-acceptance, (b) positive relations with others, (c) autonomy, (d) environmental mastery, (e) purpose in life, and (f) personal growth.

Researchers have found the SPWB to be a psychometrically sound instrument. Ryff and Keyes (1995) reported internal consistency coefficients for the scales between .86 and .93 and test-retest reliability coefficients between .81 and .88 for the 20-item scales. The 14-item scales were investigated by Ryff, Lee, Essex, and Schmutte (1994) and findings were consistent with the
original 20-item scales correlating between .97 and .98. Reliability of the 14-item scale was confirmed by van Dierendonck (2005) who reported Cronbach alpha’s ranging from .77 to .90. Convergent and discriminant validity were demonstrated by modest and positive correlations between .25 and .73 with existing measures of positive functioning (Ryff, 1989; Ryff & Singer, 1996). Confirmatory factor analysis conducted by van Dierendonck (2005) supported the validity of a six-factor structure. Goodness-of-fit models were calculated using chi-square goodness-of-fit index and the standardized root-mean-square residual (SRMR). Values of .08 are considered a relatively good fit for SRMR and the 14-item scales showed a reasonably good fit at .06. A few researchers failed to validate the six-factor model (Abbott et al., 2006; Springer & Hauser, 2006) suggesting fewer dimensions. However, several other researchers either confirmed the factorial validity of the theory-based six-factor model or refuted the alternate findings (Akin, 2008; Cheng & Chan, 2005; Clarke, Marshall, Ryff, & Wheaton, 2001; Kitamura et al., 2004; Ryff & Keyes, 1995; Ryff & Singer, 2008; van Dierendonck, 2005; van Dierendonck, Diaz, Rodriguez-Carvajal, Blanco, Moreno-Jimenez, 2008).

The Perceived Wellness Survey (PWS) (Adams, Bezner, Garner, & Woodruff, 1998) was used to examine the extent to which individuals perceive personal wellness across six life dimensions. The PWS was selected based on the applicable features of the scale to measure the criterion variable of perceived wellness. Counselors using Person Centered Therapy define well-being from a holistic perspective and emphasize balance (Rogers, 1961, 1980). The PWS is theoretically based, measures observed functioning multidimensionally and considered the balance between the dimensions. Its focus is on health, rather than illness (Adams, Bezner, & Steinhardt, 1995; Adams et al., 2000) and has been used by several researchers to measure perceived wellness (Bezner & Hunter, 2001; Byron & Miller-Perrin, 2009; Dolbier, Soderstrom, & Steinhardt, 2001;
The survey consists of 36 self-report items measuring perceived wellness in the six life dimensions areas of (a) emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual wellness. The composite wellness score was the primary variable of interest. Internal consistency reliability coefficients reported by Adams (1995) and confirmed by Adams, Bezner, and Steinhardt (1997) and Adams et al. (2000) for the total sample was an alpha = .91. Subscale ranges were between .65 and .88. Reasonable stability over 10-days (r = .81) and one month (r = .73) was evidenced. Further stability was documented by Adams et al, (1998).

Construct validity of the scales was strongly supported by Adams et al. (1998) in a 3-year study using six samples with results indicating a significant difference between the highest and lowest perceived-wellness groups. Convergent (r = .70) and divergent (r = -.36) validity was found by Adams (1995). Validity was supported through confirmatory factor analysis. The best fitting model produced fit index values of .82 for the goodness of fit and .045 for the average standardized residual. Preliminary evidence of discriminant validity and high face validity (r = .98) was reported by Adams et al. (1997). Four independent samples showed total scale internal validity with an item to scale correlation greater than .30 for 90% of items.

The 14-item version of the SPWB is considered a reliable instrument used to evaluate the predictor variable, psychological well-being. The minimum acceptable value for the reliability of the test is 70% (George & Mallory, 2006). Reliability estimates of the SPWB report Cronbach alpha’s ranging from .77 to .90 (Ryff & Keyes, 1995; Ryff, Lee, Essex, & Schmutte, 1994; van Dierendonck, 2005). The PWS is considered a reliable tool to assess the criterion variable,
perceived wellness. Internal consistency for the composite PWS is reported at an alpha = .91 (Adams et al., 2000).

**Overview of Design and Procedures**

Employing a nonexperimental survey research design, the goal was to collect numerical data, using psychometrically sound instruments, to evaluate varying levels of psychological well-being and perceived self-wellness of graduate-level counseling students enrolled in an online counseling program. The level of psychological well-being is based on total and subscale scores using the SPWB developed by Ryff (1989). The level of perceived wellness is based on the total wellness score using the PWS (Adams, 1995).

The SPWB was self-completed online and took approximately 15 minutes to complete. Participants responded to questions using a 6-point Likert-type rating scale. Scores were calculated by totaling individual responses for each dimension to obtain a subscale score. The overall composite score of psychological well-being is calculated by summing all subscale totals. The PWS was self-completed online and took approximately 10 minutes to complete. The survey consists of 36 self-report items measuring perceived wellness in the six life dimensions areas of (a) emotional, (b) intellectual, (c) physical, (d) psychological, (e) social, and (f) spiritual wellness. The composite wellness score is the primary variable of interest.

**Data Analysis and Results**

Three relationships were evaluated. First was the relationship between the constructs of psychological well-being and perceived wellness. Next, the six predictor variables of psychological well-being and the construct of perceived wellness were evaluated. Finally, the relationship between participation in personal counseling and the construct of perceived wellness
was assessed. Descriptive statistics of demographic variables were also evaluated for relationships to the criterion variable.

Data was screened, and individual cases were eliminated if the participant did not complete both survey instruments. Missing values in categorical data that do not interfere with the analysis of the research questions were labeled as unknown. Missing values for continuous data were replaced with the mean score of all other subjects for that variable provided no more than 15% of the data was replaced (George & Mallory, 2006). Data analysis was conducted using the SPSS 20.0 software application. Preliminary analyses of the questions were conducted to verify the internal consistency of the SWPB subscales were comparable to the previous literature using Cronbach’s coefficient alpha.

**Demographic Characteristics of the Sample**

A total of 100 online graduate counseling students completed the surveys. The majority of participants were White/Caucasians (82%) with African Americans representing 11%, and Hispanic, Latino/Latina, Asian/Pacific Islander, and Other (non-respondent) representing the remaining 7%. There were 22 male and 78 female respondents. The sample consisted of 64% master students and 36% doctoral students. A total of 34 respondents had prior experience in an online degree program, and two-thirds of participants (66%) were enrolled in their first online degree program.

Of the 64 students who participated in individual counseling, 57 students (89%) found counseling to be beneficial. The majority of students who participated in individual counseling sought counseling of their own accord (53%). Finally, 9% pursued personal counseling based on the recommendation of by another individual and 2% on the advice of an advisor or faculty member.
Results

Initially, simple bivariate correlations between perceived wellness and psychological well-being including the six subscale scores of psychological well-being and the demographic variables of current and prior individual counseling were computed using Pearson’s r. As shown in Table 1, overall psychological well-being was strongly, positively associated with perceived wellness, r = .805, p < .01. Additionally, each of the six dimensions of psychological well-being strongly, positively correlated with perceived wellness: autonomy (r = .514, p < .01), environmental mastery (r = .560, p < .01), personal growth (r = .632, p < .01), positive relations (r = .598, p < .01), and purpose in life (r = .684, p < .01). Participation in personal counseling was not significantly correlated with perceived wellness, current participation in personal counseling (r = .104, p = .152), or prior participation in personal counseling (r = .074, p = .234).

Table 1 presents the correlations among the six psychological well-being subscales. All of the scales are significantly (≤.01) and positively correlated with each other, clearly indicating that these dimensions are not independent. Of particular concern is the correlation between personal growth and purpose in life (r = .751, p <.01) and, to some extent, purpose in life and self-acceptance (r = .659, p <.01). These correlations suggest these dimensions are redundant.

Table 1
Correlations between the Six Dimensions of Psychological Well-Being

<table>
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<tr>
<th>Dimension</th>
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<th>4</th>
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<th>6</th>
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<tbody>
<tr>
<td>1. Autonomy</td>
<td>-</td>
<td>.354*</td>
<td>.464*</td>
<td>.410*</td>
<td>.500*</td>
<td>.506*</td>
</tr>
<tr>
<td>2. Environmental mastery</td>
<td>-</td>
<td>.376*</td>
<td>.487*</td>
<td>.367*</td>
<td>.526*</td>
<td></td>
</tr>
<tr>
<td>3. Personal growth</td>
<td>-</td>
<td>.475*</td>
<td>.751*</td>
<td>.531*</td>
<td></td>
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<tr>
<td>4. Positive relations</td>
<td>-</td>
<td>.454*</td>
<td>.490*</td>
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<tr>
<td>5. Purpose of life</td>
<td>-</td>
<td>.658*</td>
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<td>6. Self-acceptance</td>
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Note. *Correlation is significant at the 0.01 level (1-tailed).
To test the hypotheses for the first research question, the predictor variable of overall psychological well-being was entered into the regression for additional analysis. The multiple correlation (R = .805) was substantial and differed significantly from zero, F (1, 98) = 180.56, p < .001. The R² equaled .648 (adjusted R² = .645) and indicated psychological well-being was a reliable predictor of perceived wellness.

Regression weights were examined, and the predictor variable had a positive and significant impact on perceived wellness. The standardized regression coefficient for overall psychological well-being composite was β = .805 and is statistically significant (p < .001). A significant and strong effect size accounted for 80% of the variance according to Cohen’s d for effect size (Cohen & Swerdlik, 2009). The findings of the correlational analysis suggest psychological well-being strongly predicts perceived wellness.

To determine the extent the individual dimensions of psychological well-being predicted perceived wellness in the sample, multiple regression analysis was conducted. The six predictor variables of autonomy, environmental mastery, personal growth, positive relations, purpose in life and self-acceptance were entered into the regression using the stepwise method. The first variable to enter the analysis was purpose in life, with an R² of .468. This variable also had the largest bivariate correlation with perceived wellness (r = .684). In Model 2, environmental mastery (r = .560) was included, incrementing R² to .578. Interestingly, personal growth and self-acceptance do not appear in this model or Model 3 despite their stronger correlations with the criterion (r = .632 and .675, respectively). As described early, these variables are very highly correlated with purpose in life (r = .658 and .751, respectively), and the variance these variables might have explained has already been accounted for. In Model 3, positive relations (r = .598) was entered to increase R² to .623. Self-acceptance (r = .675) (the scale with the second highest correlation with the criterion)
came in as the step of Model 4, with a final $R^2$ of .645. In sum, the final model included four dimensions of psychological well-being, which accounted for 64.5% of the variance in perceived wellness (as measured by adjusted $R^2$) and were reliable predictors of perceived wellness. The two variables not included were autonomy and personal growth.

Across all four models, the ANOVA for the regression remained statistically significant. As expected, the F ratio was reduced at each step. In the final model $F(4, 95) = 43.13$ (Table 2).

Table 2
ANOVA Table for Regression Analysis with Four Psychological Well-Being Variables, Purpose in Life, Environmental Mastery, Positive Relations, and Self-Acceptance

<table>
<thead>
<tr>
<th>Model</th>
<th>Model Squares</th>
<th>Sum of</th>
<th>Df</th>
<th>Mean Square</th>
<th>F</th>
<th>Sig.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Model 1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>385.58</td>
<td>1</td>
<td>385.58</td>
<td>86.11</td>
<td>&lt;.001&lt;sup&gt;a&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>438.80</td>
<td>98</td>
<td>4.48</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>824.38</td>
<td>99</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model 2</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>476.45</td>
<td>2</td>
<td>238.23</td>
<td>66.42</td>
<td>&lt;.001&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>347.93</td>
<td>97</td>
<td>3.59</td>
<td></td>
<td>&lt;.001&lt;sup&gt;b&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>824.38</td>
<td>99</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>513.21</td>
<td>3</td>
<td>171.01</td>
<td>52.78</td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>311.17</td>
<td>96</td>
<td>3.24</td>
<td></td>
<td>&lt;.001&lt;sup&gt;c&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>824.38</td>
<td>99</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Model 4</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Regression</td>
<td>531.62</td>
<td>4</td>
<td>132.91</td>
<td>43.13</td>
<td>&lt;.001&lt;sup&gt;d&lt;/sup&gt;</td>
<td></td>
</tr>
<tr>
<td>Residual</td>
<td>292.76</td>
<td>95</td>
<td>3.08</td>
<td></td>
<td>&lt;.001&lt;sup&gt;d&lt;/sup&gt;</td>
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<tr>
<td>Total</td>
<td>824.38</td>
<td>99</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Constant in all regression models is composite DV perceived wellness. Predictors for each model were: <sup>a</sup>purpose in life; <sup>b</sup>purpose in life, environmental mastery; <sup>c</sup>purpose in life, environmental mastery, positive relations; <sup>d</sup>purpose in life, environmental mastery, positive relations, and self-acceptance.
Perceived wellness appeared to be strongly predicted by overall psychological well-being and by four subscales: (1) purpose in life, (2) environmental mastery, (3) positive relations with others, and (4) self-acceptance. Standardized coefficients (Beta) were used to determine the significance of predictors and absolute values were compared. The composite of psychological well-being ($\beta = .805, p < .001$) contributed the most to perceived wellness. Four of the six dimensions of psychological well-being also contributed significantly: purpose in life ($\beta = .362, p < .001$), environmental mastery ($\beta = .200, p < .001$), positive relations with others ($\beta = .229, p = .01$), and self-acceptance ($\beta = .220, p = .016$). The purpose in life is the strongest predictor in the model. The second strongest predictor is environmental mastery. Positive relations with others and self-acceptance marginally increment $R^2$ although the increase is statistically significant.

The other two variables autonomy ($\beta = .086, p = .254$) and personal growth ($\beta = .144, p = .133$) were not significant predictors and were removed from the regression analysis. It is most likely that personal growth was not in the final model because most of its variance was accounted for by purpose in life. Autonomy had the lowest bivariate correlation with the criterion.

To investigate the possibility of a link between participation in individual counseling and the construct of perceived wellness, an analysis was performed using independent t-tests on the demographic variables of current and prior participation in personal counseling. On average, participants currently participating in personal counseling ($M = 21.30, SD = 2.64$), experienced similar levels of personal wellness than those not currently in counseling ($M = 21.98, SD = 2.93$). This difference was not significant $t (98) = -0.84, p = .202, 95\% CI [-2.29, 0.93]$ and represented a small effect $r = .13$. Participants with prior personal counseling experience ($M = 21.70, SD = 2.82$),
experienced similar levels of perceived wellness as those without prior counseling experience (M = 22.18, SD = 3.01). This difference was not significant t (98) = -0.81, p = .211, 95 % CI [-1.66, 0.70] and represented a small effect r = .08.

To further analyze the relationship between participation in individual counseling and the construct perceived wellness, a regression analysis was conducted. The two variables, current participation in individual counseling and prior participation in personal counseling, were entered into the regression simultaneously. The multiple correlation (R = .106) was small and did not differ significantly from zero F (2,97) = .56, p = .576). The $R^2$ equaled .011 (adjusted $R^2 = -0.009$) and indicated that participation in personal counseling accounted for < 1% of the variance in perceived wellness (as measured by the adjusted $R^2$) and were weak predictors of perceived wellness.

To determine the significance of the predictors, standardized coefficients (Beta) were used to compare their absolute values. Neither predictor contributed significantly to perceived wellness: current participation in personal counseling ($\beta = .070$, p = .498) and prior participation in personal counseling ($\beta = .066$, p = .523).

A positive correlational relationship exists between participation in personal counseling and perceived wellness, based on the findings of the regression analysis and independent sample t-test, although the relationship was not significant. The apparent weak relationship and a small effect between participation in personal counseling and perceived wellness may be impacted because some participants engaged in just prior counseling or just current counseling, and some participated in both previous and current counseling. The data does not discern which particular subjects fall into each category and, therefore, seems noteworthy and in need of further study.
Thus, the overall results of this study appear to support the premise that online graduate counselor education students who demonstrate higher levels of psychological well-being tend to have a higher degree of perceived wellness. Based on the findings of the independent t test and regression analysis, the null hypothesis concerning the relationship between individual counseling and perceived wellness could not be rejected. The weak relationship between personal counseling experience and perceived wellness, although positive, was not substantiated as a reliable indicator of perceived wellness.

**Discussion**

One of the primary reasons for undertaking this study was to give counselor educators an understanding of the relationship between online counseling students’ psychological well-being and their self-perceptions of wellness and to offer a potential resource for evaluating the psychological well-being of distant learning students. This study extended prior research by Harris et al., (2013) to the online student population. Researchers have clearly indicated a concern that unresolved psychological issues exist among psychotherapy and counseling students (Buchbinder, 2007; de Vries & Valadez, 2006; Kumary & Baker, 2008; White & Franzoni, 1990). A counselor’s psychological well-being effects the therapeutic relationship (Wheeler, 2007) and accurate self-awareness of wellness to maintain that well-being is also supported in the literature (Bike, Norcross, & Schatz, 2009; Cashwell, Bentley, & Bigbee, 2007; Coster & Schwebel, 1997; Yager & Tovar-Blank, 2007; Young & Lambie, 2007). The initial data analysis supported accepting that a significant relationship exists between psychological well-being and perceived wellness. Those who scored higher on the construct of psychological well-being also scored higher on the construct of perceived wellness, suggesting perceptions of an individual’s wellness was influenced by their overall mental health.
The second data analysis supported accepting that a significant predictive relationship exists between the individual dimensions of psychological well-being and perceived wellness in graduate students enrolled in online counselor education programs. Overall psychological well-being had the highest correlation and statistically significant relationship with perceived wellness. Additionally, all six dimensions of psychological well-being were positively correlated with perceived wellness and four specific subscale scores of the SPWB instrument, purpose in life, environmental mastery, positive relations with others, and self-acceptance had a statistically significant relationship with the construct perceived wellness. In addition, the analysis showed a positive relationship existed between participation in personal counseling and perceived wellness, although a significant relationship was not indicated.

The goal of this study was to clarify the accuracy of online counseling students’ perceptions of their psychological well-being. In alignment with research by Venart et al., (2007) and Yager and Tovar-Blank (2007), students capable of recognizing their own needs, combined with the understanding of the importance of addressing impairments for the viability of the therapeutic relationship, may effectively self-advocate addressing particular issues. Unlike findings by Cooke, Bewick, Barkham, Bradley, and Audin (2006), where only 5% of psychologically vulnerable university students sought counseling, 64% of online counseling students participated in individual counseling, which may be accounted for by accuracy of self-perception in online counseling students.

Another purpose of this study was to determine if students were focusing attention to self-care during counselor development and if they were capable of determining their level of well-being. Contrary to previous research (Hensley et al., 2007), psychological well-being
accounted for 80% of the variance in relation to perceived wellness, suggesting online students are capable of recognizing the state of mental health they are manifesting.

Noted in the counselor education literature is that counselors in training are often negligent in self-care and are reluctant to seek counseling (Roach & Young, 2007; Cooke, Bewick, Barkham, Bradley, & Audin, 2006). Our results appear to disagree with that presumption. The majority of our student population (64%) has experienced individual therapy, and 83% found the experience helpful. It is interesting to note that most of these students (83%) reported they self-referred for treatment as opposed to therapy being suggested by a faculty member or someone else. Furthermore, faculty referrals were minimal. In our sample, counselor educators were not actively involved in referring students to examine personal issues.

This study aligns with previous research (Harris et al., 2013) that suggested counselor education students in a traditional setting accurately perceived their degree of psychological well-being. Online students showed a significant relationship between overall psychological well-being and perceived wellness. Online students also showed a significant relationship between self-acceptance and perceived wellness, differing from that found with traditional students. Positive correlations between self-esteem, including high degrees of self-awareness in online students was also found by Kurtz et al., (2009). The significant relationship found between purpose in life, and perceived wellness corroborates findings by Adams et al., (2000). Mental maturity and personal development are achieved through personal awareness of one’s strengths and deficiencies (Roach & Young, 2007). Lawson et al., (2007) found a balance across multiple domains of professional and personal life contributes to wellness. This study supports prior research showing a significant relationship between the various dimensions of psychological well-being, representing multiple dimensions of an individual’s life and perceived wellness.
We believe that it may be helpful for counselor educators to incorporate the use of survey instruments in the course curriculum systematically to assess students who may be at risk for mental impairments. The SPWB survey used in this study appears to be valuable in assessing overall perceived psychological well-being. Additionally, specific dimensions of well-being can be evaluated in students. These outcomes can aid educators and students in planning a course of action for specific remediation in identified areas of need. Incorporating self-assessment tools as a component of degree programs can be beneficial in identifying students who need to attend to their well-being prior to graduation.

Another course of action open to counselor educators may include suggesting individual counseling, which was found beneficial by 83% of students who participated in services. At a minimum, proactively providing students opportunities for self-assessing mental wellness and personal action to maintain psychological health or mitigate impairments may help students establish lifelong wellness behaviors.

**Limitations of the Study**

One limitation of this study was a reliance on outside community partners to disseminate information to qualified participants about the availability of the study. There were no systematic means to ensure all potentially eligible students were reached or to ensure students responded truthfully. Because only students who chose to respond were included in the study, the sample still may not adequately represent the population of online graduate counseling students. The sample also included two different online counseling programs, one being a large national university and the other a small regional college. Students at the university were able to access the survey using and internal site. While participants from the small college had to use an external site which may have limited the participation. Ease of access to the survey may have been different at each
program site, potentially affecting the number of students who participated. Every training program has a unique perspective on how to educate students and these differences may impact how students respond to a survey.

The survey instruments are self-report inventories, and it is acknowledged that some social desirability bias might be present in the student responses. Another limitation of the study relates to demographic data collected about student participation in personal counseling. Analysis was limited to whether or not students were either currently, had previously or never engaged in counseling, and did not discern if any students participated in both prior and current counseling, or which combination of students found counseling beneficial. A control group was not utilized as a part of the non-experimental survey design of the study, limiting comparative data analysis. Furthermore, faculty observations of student well-being were not gathered for comparison with student perceptions of well-being.

Other possible constructs of psychological well-being that may influence perceived wellness, such as physical health, work-life balance, or social support were not explored. The construct of psychological well-being was limited to the six dimensions measured by the SPWB. Unknown is whether other unmeasured variables moderated the variables under study.

**Recommendations for Further Research**

The research findings of this study demonstrated overall psychological well-being is strongly predictive of perceived wellness in this online student sample. Further studies with larger and more narrowly targeted populations (i.e. particular counseling disciplines) are recommended to provide additional insights into the psychological well-being of students in various counseling programs. This study included both master and doctoral graduate students. Although students can begin academic pursuit at either degree level, further analysis between the groups is recommended to
assess if the length of time in academic pursuit contributes to wellness levels. Further research might also consider potential differences in students of different age groups with respect to perceived wellness and the multiple dimensions of psychological well-being. This study did not evaluate psychological well-being and perceived wellness at the individual student level. Additional student analysis may highlight specific student strengths and needs that could be utilized by both students and educators to pursue appropriate self-care options.

Participation in individual counseling was positively related to perceived wellness, although not significantly. Comparing the length of time in counseling, and if the counseling was current or past, might yield different results. Future research may include a qualitative analysis to gain insights into the student’s perceived benefits of individual counseling in relationship to their psychological well-being. This study was limited to students’ perceptions of well-being and further studies using instructor evaluation of student well-being as a control group for comparison purposes is warranted. Finally, in-depth comparisons of the research results between traditional and online student populations might tease out unique differences associated with each student population’s psychological strengths and deficits.

In conclusion, the research findings of this study suggest overall psychological well-being is strongly predictive of perceived wellness in online counselor education students. The dimension of face-to-face interactions between counselor educators and students in an online program is lacking, contributing to the difficulty educators may have identifying students with psychological impairments. However, these findings suggest students have the capacity for accurate self-perceptions of well-being through the use of self-report survey instruments. The distance learning environment does not need to distance students from recognizing the need for self-awareness and self-care to become fully functioning counselors. Results of additional studies might guide
educators and institutions in developing a systematic process and using valid assessment tools to evaluate the well-being of students entering and during their academic program. By implementing systematic processes for evaluating the psychological well-being of students during their training programs, educators can contribute to their students’ success as mental health professionals.


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Training Students to Provide Grief Counseling

Michael Hannon and Brandon Hunt

This conceptual manuscript describes how counselor education programs can benefit from integrating grief counseling content into existing curricula, as well as the issues that make that implementation challenging. The authors offer practical strategies and suggestions for course content and activities, and discuss implications for future research in this area.

**Keywords:** Counselor Preparation, Grief Counseling, Grief Education

Grief is a universal human experience so counselors can expect to provide services to grieving clients at various points across the lifespan. Grief-related losses, and specific and cumulative individual responses to losses can be the presenting issue or they may be underlying issues when clients seek counseling services.

A person’s loss and the corresponding grief are not solely confined to the death of a loved one. It can also include the loss of a relationship, the loss of an expectation, or the loss of a significant role or job. Humphrey (2009) offers a comprehensive definition noting:

*grief* refers to (a) an emotion, generated by an experience of loss and characterized by sorrow and/or distress, and (b) the personal and interpersonal experience of loss. Grief is highly unique and multidimensional, reflecting a distinct convergence of responses (i.e., cognitive, affective, physical, behavioral) and contextual influences (e.g., personal, social, cultural, historical). (p. 5)

Given the universal yet individualized nature of grief and loss it is important that counselor educators prepare counselors in training (CITs) to provide grief counseling.
The Council for Accreditation of Counseling and Related Educational Programs Standards (CACREP, 2009) do not specifically address grief and loss training, but they do state counselor education programs are responsible for coursework that addresses human growth and development including “studies that provide an understanding of the nature and needs of persons at all developmental levels...including...theories of individual and family development and transitions across the lifespan” (p. 11). Doughty Horn, Crews, and Harrawood (2013) highlight some of those transitions, including but not limited to developmental life-cycle transitions, divorce, addiction and recovery, career changes, illness and disability, and trauma, all of which can lead to grief and loss-related concerns.

In response to the increasing role of counselors in crisis and disaster situations, the 2009 CACREP standards require that counselor education programs train counselors to understand and be able to provide counseling during crises, disasters, and other trauma-causing events. Grief is a common response to trauma, regardless of whether the loss is physical or psychological (Substance Abuse and Mental Health Services Administration, 2014), which necessitates that CITs learn about grief and loss counseling.

This paper presents an overview of the current state of grief and loss training provided to counselors, counselor preparedness to provide grief counseling, and the challenges of integrating grief coursework in counselor education programs. Suggestions of ways to integrate grief counseling content and learning experiences for CITs into existing courses are also provided.

**Grief Counseling Training and Counselor Preparedness**

Counselor educators who teach grief content have the task of providing CITs with theories and evidenced-based interventions in preparation for eventual work in clinical and educational settings. Acknowledging the gaps between the outcomes of grief research, grief education, and service delivery is important. Among their recommendations to address these gaps, Breen and
O’Connor (2007) note the importance of providing improved grief education that addresses the contextual nature of grief and appropriate grief intervention strategies to a number of service professionals, including counselors. That education, according to the authors, includes a greater sensitivity to and recognition of the diversity of experiences and needs of people who are grieving in order to provide appropriate services. Given the need to provide grief counseling to diverse populations, it is important to consider how grief counseling education is taking place, how counselors report their preparedness to deliver grief counseling, the frequency with which it is happening, and how it can be implemented and improved.

A review of researchers that investigated when and how grief counseling training was provided in counselor education program gives context to the current state of grief counseling training. Humphrey (1993) conducted the first known study of grief counseling training when she surveyed 135 counselor education program coordinators. Seventy percent of participants responded that teaching grief counseling was very important \((n = 37)\) or important \((n = 58)\), and 82\% \((n = 110)\) said grief counseling was addressed in their program, typically as part of a larger course or in field experiences but not as a distinct course. It was not clear how many programs offered a required course specific to grief counseling. In a more recent study, Low (2004) surveyed 79 CACREP-accredited school counseling programs to determine how much training pre-service counselors received in grief education. Results indicated the majority of programs offered some grief counseling education, while there was notable variety in the offerings. Fifty-eight programs offered some form of grief education, while 31 programs offered none. Only six of the 58 programs that offered grief education required school counseling students to take a grief counseling course and 29 programs offered an elective course. The remaining programs integrated grief education via a lesson or module in other required or elective courses (Low, 2004).
Related to counselor preparedness to provide grief counseling, Charkow (2001) surveyed 147 family counselors to determine how much specialized training and competence in death and grief counseling they received during their training and to identify variables that predict counselor competence in grief counseling. Results indicated that while most respondents reported moderate to high levels of perceived grief counseling competence, they simultaneously reported their specialized grief-related training within their counselor education program was less than adequate. Wass (2004) found that most grief counseling training occurs through continuing education rather than in graduate programs. In a more recent study, Ober, Granello, and Wheaton (2012) surveyed 369 licensed practicing counselors about their level of training and level of competence to provide grief counseling. With regard to coursework, 55% of participants had not taken a specific grief counseling course, although 73% said the content was infused into at least one other course. Post-graduation, 70% of the participants said they completed some level of professional development in grief counseling. Most of the participants (91%) noted grief counseling training “is necessary or should be required” (Ober et al., 2012, p. 153).

Ober et al. (2012) also assessed counselor perceived competence to provide grief counseling using the Death Counseling Survey (Charkow 2001, as cited in Ober et al., 2012) and found participants rated themselves “highest on Personal Competencies and lowest on Conceptual Skills and Knowledge” (p. 153) meaning, according to the authors, that participants viewed themselves as having the self-awareness to work with grieving clients but did not believe they were adequately prepared in terms of specific grief-related skills and knowledge. This highlights the need for counselors to understand that awareness and personal experience with a topic is not the same as professional training and skill development. This need is also supported by Doughty Horn et al. (2013), who described an unpublished study they conducted in which they found participants (N = 161 counselors) who attended grief counseling workshops experienced lower levels of anxiety
about working with death-related issues. The majority of the participants (84%) in the unpublished study stated they had not taken a grief counseling course in their graduate program, but it was not clear if the content had been infused in other courses in the curriculum.

**Challenges to Integrating Grief Counseling Coursework**

As CITs learn to assess, engage, support, challenge, and help facilitate change in clients’ lives, an argument can be made to acknowledge the utility of deepening their understanding of how to work appropriately with grieving clients. This training can take place through specific coursework and clinical experiences; however, it is challenging to add new courses in curricula that are already full of content required for accreditation and to help students work toward various certifications. There are two challenges to this process that deserve mention.

First, administrators and faculty in CACREP-accredited programs may be challenged to integrate a stand-alone grief counseling course into an existing program because of the sequence and timing of required courses used to meet the standards (Servaty-Seib & Tedrick Parikh, 2014). The 2009 CACREP standards require master’s students to complete at least 48 credit hours, with some programs requiring 60 credits (e.g., Addiction Counseling, Clinical Mental Health Counseling). Although CACREP provides flexibility in how standards are met, ensuring all standards are met requires significant time and additional courses specific to the specialty area. This commitment of time and additional courses makes it challenging to add additional required courses that do not directly meet CACREP standards.

Second, counselor educators’ lack of experience or training to provide grief counseling training, as well as their own attitudes and beliefs about grief counseling (Doughty Horn et al., 2013; Eckerd, 2009; Humphrey, 1993), can be another challenge to offering grief counseling training in graduate programs. Given that grief counseling training is not required in graduate counseling programs (Breen, 2010), faculty may not be specifically trained to provide or teach grief
counseling. In addition, as noted, earlier researchers (Ober et al., 2012; Wass, 2004) found that some counselors felt ill-prepared and anxious about providing grief counseling and these same reactions may apply to counseling faculty since they are also trained as counselors.

Humphrey (2009) acknowledged that grief and loss do not occur in a vacuum for anyone, including counselor educators, and that individuals must recognize grief and loss occur in the multiple and fluid contexts of personal, familial, social, cultural, and historical influences. The expectation for counselor educators to work diligently to monitor their own attitudes, beliefs, and biases is an important one. If those attitudes, beliefs, or biases could influence CITs’ learning experiences in unethical or unproductive ways, it is imperative counselor educators recuse themselves and engage in their own personal and professional development activities to be effective educators and supervisors.

**Integrating Grief Counseling Learning Experiences in Current Courses**

As noted earlier, there is research to support incorporating grief counseling learning experiences in counselor education programs, but based on the authors’ extensive review of the literature there is limited information in the counseling literature about how to develop these learning experiences. The content provided in this section is based on a review of the broader literature (e.g., Doughty Horn et al., 2013; Hunt, 2007; Humphrey 2009; Matzo et al., 2003; Wass, 2004) as well as the experiences of the authors, who have provided students with grief counseling training and supervision. It could be used to infuse grief counseling content into existing courses or to create a stand alone course.

Based on a review of the literature (e.g., Doughty Horn et al., 2013; Humphrey, 2009; Hunt, 2007; Matzo et al., 2003; Servaty-Seib & Tedrick Parikh, 2014), the following topics are important to include in grief and loss counseling training: an overview of models of grief; developmental stages of grief; the role of culture in the grief experience; physical, emotional, behavioral, and
spiritual reactions to grief and loss; grief counseling strategies when working with individuals, families, and groups; and counselor self-care. Content can be covered through readings and course activities designed to facilitate experientially-based learning about the role of grief and loss in counseling. Four specific activities developed by the second author are presented. The intent is to provide students with didactic and experiential opportunities to increase their awareness of and knowledge about grief counseling, as well as provide opportunities for students to practice using counseling skills in a grief counseling context (e.g., case studies, role plays). With each activity students should be encouraged to talk with the instructor or seek additional support or counseling if the assignments bring up personal issues of grief and/or trauma.

**Short Grief and Loss Topic Paper**

For this assignment, students write a five-page paper on a specific grief and loss topic of their choice. This assignment evolved from a Term Paper Assignment originally developed by the second author (Hunt, 2007). Topics can come from the syllabus, course readings, or students can develop their own focus. Topics students have written about in the second author's course include infertility, the loss of a family pet or animal companion, job loss, grief and young children, grief and chronic illness, using music in grief work, and divorce-related grief. The objective for the assignment is to have CITs “synthesize clinically relevant information” (Hunt, 2007, p. 105) related to grief counseling, including counseling techniques and strategies. This allows all students to leave class with specific information about a variety of grief and loss topics.

**Grief and Loss Interview and Paper**

This assignment, originally developed by Hunt (2007) adapted from an activity developed by Rando (1984, pp. 9-13), is designed to “help students explore their own and others’ beliefs about and reactions to grief and loss” (Hunt, 2007, p. 105), which Matzo et al. (2003), Servaty-Seib & Tedrick Parikh (2014), and Wass (2004) recommend as an important aspect of grief counseling.
training. The final paper is typically 10-12 pages of text and is written in three sections. In section one, students write about their own grief and loss experiences, connecting their experiences to course content. For section two, students interview a person of their choosing about that person’s grief and loss experiences, again connecting what they learned in the interview to course content. Students are provided with possible prompts (Hunt, 2007) to guide the interview, adapted from an activity originally developed by Rando (1984; see pages 9-13 of Rando for the specific activity). Examples include “How do you express your own grief? In what ways do you think your reactions to loss are related to your family and cultural background?” (Hunt, 2007, p. 103), and “What strategies or tools have helped with your own grieving process?” The final section of the paper requires that students synthesize what they learned about themselves and about grief counseling from completing the assignment. The instructor is the only person who reads the paper, but students meet in small groups to discuss the experience of completing the assignment and how what they learned can be applied in a counseling setting.

**Media Reaction Assignment**

The Media Reaction Assignment is a small group assignment that requires students to watch a movie or a season of a television show in which loss is a central or prominent theme. This assignment evolved from a class activity originally described in Hunt (2007). As students in the second author’s class have noted, most movies could be included in this category when viewed from a grief and loss counseling lens. The use of movies or TV series as a learning activity serves as a more interactive case study than reading words on a page (Doughty Horn et al., 2013; Toman & Rak, 2000). Students are required to watch the same movie or show (together or separately; they select the movie or show by consensus) and record their discussion (40-50 minutes) of the following questions:
1. How did you feel watching the film/series?
2. Which of the characters did you identify most with and why?
3. What did you learn about grief and loss from the film/series you were not previously aware of?
4. How might the media affect how counselors approach working with grief and loss?
5. Pick one character you would most/least like to work with and discuss why. What issues would you expect that person to bring to counseling? How would you address these issues?

The use of small group discussion, rather than writing a paper, allows students to talk about their reactions while learning about the reactions of other group members. The assignment is graded based on the recorded discussion.

**Online Discussions**

This assignment includes four online activities designed to provide students with opportunities to engage in discussions about grief counseling outside of class. Students must respond to postings from two other students for each assignment. For Assignment one, students post one to two paragraphs about themselves, including why they are interested in taking the course and what they hope to learn from it, on a discussion board one to two days before the class begins. This allows students to start thinking specifically about what they want to learn about grief counseling, why they want to learn about it, and how they want to engage in the course.

For Activity Two students select a grief and loss-related website. Since many people use the Internet for information and support, this allows students to think about how clients might view the content found on grief-related websites. Students post a summary of how they found the site, the site’s target audience, and the benefits and limitations of using the site.

Activity three asks students to find an example of how grief and loss are portrayed in the media (e.g., TV, film, Internet, radio, magazine, book). In a written response posted on the
discussion board, students are asked to describe the media example they chose in one to two paragraphs, then discuss what messages their example sends about grief and loss, and how the message affects the targeted audience. Finally students are asked to comment on what the media element they selected says about how grief and loss is socially constructed in American culture.

In the final assignment students are asked to develop a list of five organizations or community resources in a particular region that provide grief and loss counseling services, providing the name of the organization, contact information, and services offered.

These activities are provided as examples of assignments that can be offered in a course specific to grief and loss counseling or can be infused into a broader range of counseling courses to help students learn about the importance of developing grief and loss counseling skills. Consultation with faculty colleagues, counselor education and supervision resources, and grief and loss continuing education can also provide useful training recommendations.

**Recommendations for Future Research**

Counselor educators face the challenge of giving CITs curricular and experiential learning experiences that equip them to work effectively in various counseling settings with a board range of counseling issues, including grief and loss counseling. Counseling researchers (e.g., Charkow, 2001; Low, 2004; Doughty Horn et al., 2013) provide evidence that some counselors do not believe they are well equipped to adequately support grieving clients. Additional quantitative and qualitative research that assesses counselor and counselor educator experiences with and attitudes about grief counseling training is needed. Findings from these kinds of studies can inform current teaching practices of counselor educators with CITs. Furthermore, research that assesses CIT interest in and experiences with grief counseling, new counselors’ perceptions of preparedness to provide grief counseling, and counselor educator attitudes and beliefs about the value of grief counseling preparation are all important in providing quality grief counseling to current and future clients.
Research in the area of grief counseling training can inform the counseling knowledge base on how to confront longstanding and emerging needs within the profession regarding grief and loss counseling.
References


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Effectiveness of the Counselor Feedback Training Model

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Keywords: Counselor Development, Feedback, Training, Competency

Feedback “conveys information about a behavior that has occurred and influences the likelihood and nature of its reoccurrence” (Claiborn & Goodyear, 2005, p. 210). Counseling students continuously engage in the feedback process throughout their preparation program by exchanging ideas about professional growth and development. Specifically, students receive feedback from instructors and their peers throughout their training. Additionally, when entering their clinical experience (i.e., practicum and internship), students receive feedback from their supervisors and their clients. Counseling students are also expected to provide feedback to their instructors, supervisors, colleagues, and clients throughout their training experience. Therefore, it is crucial for counseling students to reflect upon their previous experiences with giving and receiving feedback, explore their thoughts and feelings about the feedback process, and develop knowledge and skills in giving and receiving feedback.

Developing skills in giving and receiving feedback may also assist counseling students in becoming reflective practitioners. Through the feedback process, students learn to identify their colleagues’ strengths and areas for growth and communicate this information to their peers. Additionally, students increase their self-awareness by reflecting upon feedback they receive and
using it to critically analyze their own strengths and areas for improvement. Thus, students become engaged and take ownership in the learning process (McKimm, 2009).

**Feedback Types and Preferences**

Feedback has four central features (descriptive, evaluative, emotional, and interpretive) that a sender can use separately or together to deliver feedback to another individual (Claiborn & Goodyear, 2005). Descriptive feedback involves an account or description of the behavior. Evaluative feedback critiques an individual’s behavior. Emotional response is related to the feedback sender’s feelings about the behavior demonstrated by the receiver. Finally, the interpretive aspect may help the receiver develop awareness and insight by providing an interpretation of behavior (Claiborn & Goodyear, 2005). When engaging in the feedback process, it is also important to consider the integration of positive and negative feedback. Positive feedback focuses on identifying strengths, is used to reinforce behavior (Toth & Erwin, 1998), and communicates to the receiver that a behavior has met a specified standard (Claiborn & Goodyear, 2005). In contrast, an individual uses negative feedback to communicate that a behavioral standard has not been met (Claiborn & Goodyear, 2005). The term corrective or constructive feedback is often used instead of negative feedback to clarify that negative feedback does not mean that it is delivered with harsh intentions or that it will be received negatively (Claiborn & Goodyear, 2005). Within this article, we use the terms corrective and constructive feedback interchangeably, as this is the practice in the existing literature.

When presenting either positive or constructive feedback without the other, the receiver obtains a skewed view of his or her performance. A focus on only constructive feedback may create resistance to change (Claiborn & Goodyear, 2005; Toth & Erwin, 1998). Constructive feedback may reduce some unwanted behaviors; however, it also creates anxiety and may inhibit
a student’s ability to be open to feedback in the future (King, 1999). Additionally, an emphasis on only positive feedback fails to address concerns and is unlikely to lead to self-awareness and reflection on areas for improvement (Toth & Erwin, 1998).

In examining the use of feedback during group supervision, Coleman, Kivlighan, and Roehlke (2009) found that students preferred positive feedback. Students were also more likely to provide feedback that addressed the group leader’s technical skills, instead of focusing on the leader’s personal skills (i.e., ability to connect with group members). Additionally, Daniels and Larson (2001) found that positive feedback increased self-efficacy and decreased anxiety among counseling students, while corrective feedback decreased self-efficacy and increased anxiety. However, in assessing the effectiveness of the feedback sandwich (positive feedback, followed by constructive feedback, and finally providing additional positive feedback) among medical students, Parkes, Abercrombie, and McCarty (2013) found that the use of substantial positive feedback may hinder students’ ability to critically evaluate their performance by sending mixed messages regarding performance and minimizing the significance of the constructive feedback.

Thus, it appears that the integration of positive feedback may assist students with being more open to the feedback process, including the use of constructive feedback (Coleman, Kivlighan, & Roehlke, 2009) by helping them increase their self-efficacy as a counselor and decrease their anxiety (Daniels & Larson, 2001); however, this may not improve performance (Parkes et al., 2013). Nevertheless, the best outcome may result from balancing positive and constructive feedback in order to promote satisfaction while also encouraging change (Boehler et al., 2006).

Heckman-Stone (2003) examined master’s and doctoral level counseling and psychology students’ feedback preferences and found that students wanted an open and positive relationship with their supervisor and agreed-upon goals. Additionally, students reported that they wanted
balanced, accurate, frequent and immediate, and clear and specific feedback. Furthermore, in examining supervisor feedback, Hayman (1981) found that counseling students \((N = 64)\) learned counseling skills best when they received feedback from their peers and critically analyzed their own performance in comparison to supervisor feedback. Thus, receiving feedback from peers, in addition to supervisors, is helpful in fostering counseling students’ self-awareness and promoting growth and development.

Although it is important for counseling students to engage in the feedback process with each other, students may struggle with giving each other clear and specific constructive feedback. Feelings of discomfort may relate to lack of experience with the feedback process. In addition, students’ cultural, family, and religious beliefs may have taught them that offering constructive feedback is being “negative” and that they should instead be encouraging to each other (Hulse-Killacky & Page, 1994). Therefore, counseling students need opportunities to explore their beliefs about feedback and to develop a level of comfort and confidence in giving and receiving feedback with each other.

Counseling Ethical and Accreditation Standards Related to Feedback

The feedback process is a crucial component of counselor preparation that is emphasized within the American Counseling Association (ACA, 2014) Code of Ethics. The Code of Ethics addresses the importance of using the feedback process throughout the counselor preparation program, which includes feedback given by counselor educators (Standard F.9.a.) and supervisors (Standard F.6.a.). Additionally, the Code of Ethics addresses the importance of self-awareness (i.e., Standard C.2.a.), and the feedback process may assist with enhancing this area of development (Toth & Erwin, 1998). Thus, skill in giving and receiving feedback is essential for ethical counseling professionals.
The feedback process is also highlighted within the accreditation standards for counseling programs. The Council for Accreditation of Counseling and Related Educational Programs (CACREP, 2009) Standards address the importance of the feedback process within counselor preparation. This includes feedback from counselor educators throughout the program (Section I: Evaluation AA.4.) and supervisors during the clinical experiences component (Section III: Practicum F.5.; Section III: Internship G.6.) of counselor preparation. Additionally, students are encouraged to provide feedback to the program about the faculty teaching their coursework and the supervisors of their clinical experiences (Section I: Evaluation BB.). Thus, counseling students need skills in giving and receiving positive and constructive feedback to assist them in their growth and development throughout the counselor preparation program.

The process of giving and receiving feedback is acknowledged within the literature (Coleman, Kivlighan, & Roehlke, 2009; Daniels & Larson, 2001; Hulse-Killacky & Page, 1994), counseling ethical code (ACA, 2014), and accreditation standards (CACREP, 2009) as a crucial area for the growth and development of counseling students. Additionally, researchers emphasize the importance of balancing positive and constructive feedback (Coleman et al., 2009; Daniels & Larson, 2001). Therefore, a need exists for having an effective method to teach counseling students how to give and receive feedback and to offer them opportunities to practice the feedback process. Thus, the purpose of this article is to examine the effectiveness of the Counselor Feedback Training Model (CFTM). The training model is grounded within three theories: (a) Kolb’s (1984) experiential learning model, (b) developmental theory drawing from Stoltenberg’s (1981) Integrated Developmental Model (IDM) for supervision, and (c) behavioral theory. It is designed to help students (a) develop self-efficacy with giving and receiving feedback through learning feedback skills, and (b) examine their beliefs and values about
feedback. There were two research questions in this study. The first research question was: Is there a difference in beginning counseling students’ self-efficacy with the feedback process following completion of the CFTM? The second research question was: Is there a difference in beginning counseling students’ beliefs about the feedback process following completion of the CFTM?

Methods

Participants

The targeted population for this study consisted of counseling students from a CACREP-accredited program who were enrolled in their first semester of courses in a master’s level preparation program. Students were selected for the study at this point in their preparation program because the researchers advocate for teaching feedback skills early in the program to assist students in their growth and development throughout their training. Additionally, the students who participated in the study attend a counselor training program that requires students to take a counseling skills class during their first semester of the program and feedback skills are considered crucial when developing basic counseling skills.

The 68 participants were from a large state university located in the southeastern part of the United States who were admitted to a CACREP-accredited master’s level counseling program during a two-year period. There were 57 females and 11 males who participated in the study. The age range of the participants was 20-35, with 81% being in the 25 or younger age group. The reported race or ethnicity was 5 (7%) African American, 2 (3%) Asian, 1 (2%) Biracial, 49 (72%) Caucasian, 9 (13%) Latino/a, and 2 (3%) Other. Of the students indicating program specialty area, 25 (37%) marriage and family, 28 (41%) reported mental health, 13 (19%) school, and 1 (2%) both mental health and school.
Procedures

Following approval from the institutional review board (IRB), the researchers facilitated the CFTM intervention with new master’s level students who were enrolled in their first semester of a counselor preparation program. The training was conducted three times during a 2-year period. During the first year, the new students were divided into two groups (depending on their course schedule) and received the training in these groupings. The training was offered only once during the second year; and therefore, all the new students in the second year attended the training together. Students were required to participate in the training workshop; however, they had the opportunity to decide not to participate in the study and therefore not complete the assessments, except for the CFI-R that was used to facilitate a discussion on beliefs and values about feedback. All the students agreed to participate in the study. The researchers administered three instruments (demographic questionnaire, CFSI, and CFI-R), as described below, prior to the training and then administered the assessments again following the training, except for the demographic questionnaire.

Instruments

Demographic questionnaire. At the beginning of the research study, the counseling student participants were given a demographic questionnaire that included items related to gender, age, race or ethnicity, and program area specialty. Additionally, participants were asked if they had ever received feedback in a professional setting and if they had, to explain the setting. They were also asked to define feedback and identify whether they preferred to receive verbal or written feedback. Finally, participants had the opportunity to identify whether they thought positive or constructive feedback was most helpful, or if they viewed both as equally helpful.
Corrective Feedback Self-Efficacy Instrument (CFSI). The CFSI (Page & Hulse-Killacky (2008) was developed to measure counseling students’ self-efficacy in giving corrective feedback within a group context. The instrument has 16 items with a 6-point Likert response format. The instrument has two factors: (a) therapeutic efficacy (.77 - .86), and (b) fears efficacy (.73 - .88). The internal consistency for the total instrument was .84 - .93. The test-retest reliability for the total instrument was .74. Finally, the total instrument demonstrated strong convergent validity with the microskills factor (.44) and the process factor (.30) of the Counselor Self-Estimate Inventory (COSE, Larson et al., 1992). The entire instrument was used for data collection in this study. The internal consistency, for this study, was .82 for the total instrument, .79 for the therapeutic efficacy factor, and .85 for the fears efficacy factor.

Corrective Feedback Instrument-Revised (CFI-R). The CFI-R (Hulse-Killacky, Orr, & Paradise, 2006) is a 30-item instrument with a 6-point Likert response scale. The instrument was revised from the CFI, which was developed to assist counselor educators in facilitating discussions about giving and receiving feedback with counseling students. There are six factors within the CFI-R: (a) leader (.92), (b) feeling (.85), (c) evaluative (.89), (d) childhood memories (.91), (e) written feedback (.91), and (f) clarifying (.87). The internal consistency reliability for the total instrument was .92. In regards to validity, the researchers engaged in various processes when developing the CFI (e.g., observations, interviews, and factor analysis procedures) and there was a strong correlation (.92) between the original 55-item CFI and the 30-item CFI-R (Hulse-Killacky et al., 2006).

The CFI-R was designed to facilitate a discussion about beliefs and values related to feedback. However, in addition to being used in this study to facilitate a discussion with counseling students, it was also used to measure whether changes resulted in their beliefs about
feedback following participation in the CFTM intervention. A total of 10 CFI-R items were removed from the analysis within three areas: (a) group process, (b) childhood experiences, and (c) preference for type of feedback. The group process items were eliminated because the training focused on a general understanding of feedback and practice giving and receiving feedback within an individual context, instead of giving feedback within a group context. In addition, the childhood experience and preference for type of feedback items were addressed during the discussion about beliefs and values related to feedback. However, they were not included in scoring because it would be unlikely that they would change after completing the training. For example, the following childhood memory item was not used in the analysis, “I remember corrective feedback delivered as a child to be critical and painful.” Thus, 26 of the items on the CFI-R were used for the discussion and 20 items were used in scoring and analyzing the data. In regards to factors, the following items were removed for the analysis: all four items encompassing the written feedback factor, two of the seven items within the leader factor, three of the six items within the childhood memories factor, and one of the five items within the feeling factor. Because the CFI-R was modified for this study, the psychometrics cannot be assumed to be the same in this study. The internal consistency was calculated for this study in regards to the total 20-item instrument (.92) and each revised factor: leader (.74), feeling (.84), evaluative (.91), childhood memories (.92), and clarifying (.80).

Intervention

The CFTM and the training components are discussed in detail by Swank and McCarthy (2013), while a brief overview is provided here. Within the CFTM, the facilitators integrated an experiential learning approach by offering students opportunities to engage in experiential activities (i.e., engage in role plays and then practice giving and receiving verbal and written
feedback) and discussions (i.e., beliefs and values about feedback). Within a developmental context, the facilitators focused on meeting students where they were developmentally, providing support while also challenging students throughout the training experience. Finally, the trainers used components of behavioral theory to reinforce positive feedback, while balancing it with constructive (corrective) feedback.

The training consisted of a single session lasting two and a half hours and included three main components: (a) examining beliefs and values about feedback, (b) acquiring knowledge about feedback, and (c) developing skills in giving and receiving feedback. Following an icebreaker activity related to feedback, the facilitators assisted students in examining their beliefs and values about feedback through the completion of the Corrective Feedback Instrument-Revised (CFI-R; Hulse-Killacky, Orr, & Paradise, 2006) and an in-depth discussion about students’ reactions to topics addressed by the assessment. Then, the students obtained knowledge about feedback through the didactic component of the training, which included strategies for giving and receiving feedback effectively and the importance of feedback skills for counselors and counselors-in-training. Finally, role plays were conducted and all the students had the opportunity to practice giving and receiving positive and constructive verbal and written feedback to each other. The students did not practice giving self-feedback during the training experience. The training concluded with a final discussion with students about their experiences conducting the role plays and their overall perceptions of the feedback training.

**Data Analysis**

The data obtained from the demographic questionnaire regarding experience with feedback, preference for feedback type, and helpfulness of feedback type were analyzed using descriptive statistics. The research questions were quantitatively examined using the data...
collected from the CFSI and the CFI-R. The researchers conducted a repeated-measures analysis within SPSS (Version 21.0) to analyze the data (total scores and subscale scores) for each instrument to address the two research questions. The results from the analyses are reported below.

Results

The counseling student participants were asked to answer a few general questions about feedback. There were 41 (60%) participants who reported having experience with feedback in a professional setting. When asked about preference for type of feedback, 43 preferred verbal, 21 written, 3 both, and 1 did not respond. Finally, when asked about what type of feedback they thought was most helpful, 2 reported positive, 3 constructive, and 63 reported a balance of both positive and constructive feedback.

A repeated-measures analysis was conducted to examine the two research questions. Means and standard deviations are shown in Table 1 in the Appendix. The results demonstrated a significant difference between counseling students’ self-efficacy related to the feedback process, $F(1, 67) = 29.14, p < .001, \eta^2_p = .30$ following completion of the CFTM intervention. The results also showed that there was a significant difference between counseling students’ beliefs about feedback, $F(1, 67) = 19.05, p < .001, \eta^2_p = .22$ following completion of the CFTM. However, there was not a significant interaction effect between self-efficacy and beliefs about feedback, $F(1, 67) = 3.11, p > .05$.

The researchers further examined the data by analyzing the subscales (factors) within the two instruments to determine if a significant difference existed between specific factors. In examining the two subscales within the CFSI, the researchers found significance within both of the factors: (a) therapeutic efficacy, $F(1, 67) = 13.97, p < .001, \eta^2_p = .17$, and (b) fears efficacy,
\( F(1, 67) = 29.34, p < .001, \eta^2_p = .31 \). Additionally, within the five factors of the CFI-R, there was a statistically significant difference between four of the five factors: (a) Leader, \( F(1, 67) = 4.47, p < .05, \eta^2_p = .06 \), (b) Feeling, \( F(1, 67) = 5.48, p < .05, \eta^2_p = .08 \), (c) Evaluative, \( F(1, 67) = 11.07, p < .05, \eta^2_p = .14 \), and (d) Clarifying, \( F(1, 67) = 7.01, p < .05, \eta^2_p = .10 \). However, the effect size for these factors was very small.

**Discussion**

The purpose of this study was to examine the effectiveness of the CFTM. The results provide initial support for using the CFTM with beginning counseling students to assist them with learning about the feedback process and to begin developing skill in giving and receiving feedback. Ninety-three percent of the student participants reported that having a balance of positive and corrective feedback is most helpful, which was consistent with Heckman-Stone’s (2003) findings from a pilot study with 40 counseling and psychology students examining preference for feedback. Additionally, students’ openness to the feedback process may have been increased through the emphasis on balancing positive and corrective feedback during the training. Coleman and colleagues (2009) reported that balancing positive and corrective feedback may increase students’ openness to feedback. Furthermore, Daniels and Larson (2001) found that positive feedback increased counselor self-efficacy and decreased anxiety. Therefore, the emphasis on balancing positive and corrective feedback during the training may have contributed to the significant change in the participants’ self-efficacy.

Counseling students reported a significant increase in self-efficacy following completion of the feedback training. Additionally, significant differences were evident in the two subscales (therapeutic efficacy and fears efficacy) within the CFSI. The training appeared to decrease fear about the feedback process and support strategies for giving feedback that would promote
learning, and thus be therapeutic. It is difficult to determine what aspect of the training may have contributed to the significant changes in these areas. However, in considering Daniels and Larson’s (2001) findings, the changes may have been partially related to the emphasis on balancing constructive with positive feedback.

Significant differences were also found regarding counseling students’ overall beliefs about feedback, as measured by the total score on the CFI-R. In addition, significant differences were found in four of the five subscales; however, the changes had small effect sizes. These findings should also be interpreted with caution because the CFI-R was modified for use in this study. The largest subscale change was within the evaluative factor. Hulse-Killacky and Page (1999) noted that students may have difficulty with corrective (constructive) feedback because they may consider this criticism. During the training, the authors addressed this area by facilitating a discussion with the students about feedback as an evaluative process. The training included addressing students’ concerns about viewing feedback as criticism by emphasizing the use of feedback to promote professional and personal growth and the importance of not considering constructive feedback as a personal attack against the person. Additionally, the childhood memories factor was related to experiences from childhood affecting an individual’s use of corrective feedback (Hulse-Killacky & Page, 1999). Despite the training’s including a discussion related to this area, there was no significant change in this subscale. Thus, the results support the continued need for challenging long-standing beliefs and experiences with feedback throughout the preparation program to facilitate students’ skill and level of comfort with giving and receiving feedback.
Limitations

There are a variety of limitations associated with this study. First, the participants were from one institution and there were a limited number of males who participated in the study. Additionally, the participants were young graduate students with the oldest student being 35. Therefore, the results may not be generalizable to other geographic regions of the United States, nor be representative of counseling students who have advanced beyond their first semester in their counselor preparation program, older students, or male students. Participation in the training was also a requirement; however, students had the option to not participate in the research process. In regard to instrumentation, the CFI-R was designed to serve as only a discussion tool. However, it was used to measure change related to beliefs and values about feedback because there was no other assessment found that addressed this area of feedback. Nevertheless, modifying the CFI-R could affect the psychometric properties of the instrument.

Recommendations for Future Research

To address sampling limitations, future research may focus on replicating this study with a larger, more diverse sample that would include a representation of students in counseling programs across the United States. Additionally, studies may involve examining the long-term effectiveness of the CFTM, which may include modifying the study design to add a control group to distinguish changes resulting from the training compared to developmental changes that result from progressing through the counselor preparation program. Researchers also may focus on examining students’ behavioral changes, in addition to the students’ report of change that was measured in this study. Another area to examine is the effectiveness of the modified training model used in this study compared to the full length CTFM training that occurs during two training sessions. Furthermore, researchers may study the effectiveness of offering the entire
training at different points throughout the counselor preparation process, as well as offering training refreshers at key points in the training program.

**Implications for Counselor Education**

The ACA (2014) *Code of Ethics* and the CACREP (2009) *Standards* emphasize the importance of feedback within counselor preparation programs. In addition to the responsibility that counselor educators and supervisors have in giving feedback to students, a need also exists for helping students develop skill in giving feedback to each other. Additionally, students need to develop skill in being able to accept feedback and use it to further their self-awareness and facilitate their continued growth and development. Researchers have identified openness to feedback and skill in giving and receiving feedback as areas of counseling competency (Bradey & Post, 1991; Duda, Paez, & Kindsvatter, 2010; Frame & Stevens-Smith, 1995; McAdams, Foster, & Ward, 2007; Swank & Lambie, 2012; Swank, Lambie, & Witta, 2012). Hayman (1981) also reported that students learned best when they received feedback from their peers and when they critically evaluated their own performance. Therefore, students need opportunities to learn about the feedback process and practice developing skills in giving and receiving feedback, such as within CFTM. This process includes experience with giving and receiving both positive and constructive feedback in written and verbal formats. Furthermore, feedback skill training may boost students’ self-confidence with participating in the feedback process; and increasing self-efficacy is important in counselor training (Toth & Erwin, 1998).

The CFTM intervention was provided at the beginning of the counselor preparation process in this study. Offering feedback training early in the training program provides an opportunity for students to begin developing skill in giving and receiving feedback that they can use throughout the program. Feedback skills are especially important within experiential and
clinical experiences courses (Swank & McCarthy, 2013). In addition, feedback training early in the preparation program is important when counseling skills are taught early in the curriculum because peer feedback and self-evaluation is crucial in developing counseling skills (Hayman, 1981). Furthermore, this provides students with an early opportunity to begin reflecting upon their beliefs, values, and previous experiences with the feedback process and how these experiences may affect their future work with clients.

When providing feedback training early in the counseling curriculum, it is crucial to continue to reinforce key components of the feedback process throughout the training experience. In addition to having opportunities to continue practicing giving and receiving feedback, students need opportunities to observe the feedback process. Furthermore, it may be helpful for counselor educators to continue facilitating discussions with students about their beliefs and experiences with feedback. Through continued exposure to feedback training and practice, counseling students are supported in developing greater self-awareness and skill in giving and receiving feedback.

In summary, this article provides some initial support for using the CFTM to train counseling students in giving and receiving feedback. Feedback training is crucial in assisting counseling students with their growth and development as counselors. Additionally, feedback is an integral part of the counseling process with clients. Thus, counseling students develop skill and openness to engaging in the feedback process with colleagues, supervisors, and future clients through continued exposure and practice with feedback throughout the counselor preparation program.
References


### Appendix

#### Table 1

*Mean CFSI and CFI-R Scores*

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<thead>
<tr>
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<th>Mean</th>
<th>SD</th>
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<th>Maximum</th>
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Author Note

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